

SLUCare Department of Histopathology

Tissue Gross Description Sheet

Patient Name: _____

Patient D.O.B.: _____

Date and Time Received: _____

Date and Time Completed: _____

Sending Institution: _____

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Select One: SKIN / HEART / LUNG / NERVE / CONJUNCTIVA

Specimen Received:			
Fresh: On Ice	Wrapped in Telfa	Moist	Normal color
Fresh: Melted Ice	Wrapped in Gauze	Soaked	Abnormal color
Fresh: Room Temperature	Floating	Semi-dry	Color: _____
Formalin	On Glass	Dry	
Other: _____	Other: _____	Other: _____	

Specimen Measurements:	_____ cm. x _____ cm. x _____ cm.
_____ cm. x _____ cm. x _____ cm.	_____ cm. x _____ cm. x _____ cm.
_____ cm. x _____ cm. x _____ cm.	_____ cm. x _____ cm. x _____ cm.

Tissue Submitted for following Tests:	YES	NO
Paraffin		
Immunofluorescence		
Electron Microscopy		

Additional Information	YES	NO
RUSH:		
Comments:		

Tech: _____

Pathologist: _____