

SLUCare Department of Histopathology

Gross Description for Muscle Biopsies

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Number of Specimens: _____
Number of Tissue(s) Per Container: _____
Container Labeled w/Patient Name: Y / N
Biopsy Location: _____
Date & Time Collected: _____
Date & Time Received in Histology: _____
Date & Time Processing Completed: _____

Specimen Received:						
Fresh: On Ice	Wrapped in Telfa	Sutured at each end	Ordinary Appearance	Correctly Oriented	Appears to be muscle	Normal color
Fresh: Melted Ice	Wrapped in Gauze	Sutured to a tongue depressor	Twisted	Not correctly oriented	Does NOT appear to be muscle	Abnormal color
Fresh: Room Temperature	Floating	In a muscle clamp	Torn	Unable to determine orientation		
Formalin	Dry	Without orientation	Mangled			
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	Additional Information:
Histochemistry			Number of Blocks: _____
Electron Microscopy			Sent: Y / N
Paraffin			
Snap Freeze			Number of Pieces: _____

Tech: _____

Pathologist: _____