**Purpose**

Occasionally, a punch biopsy of residual neoplasm is taken for research purposes at the time of excision. This is bisected, with half snap frozen and saved, and the other half submitted to pathology. This is usually in a small separate container, in which the cut surface is inked red to be embedded down. This must be identified and submitted for processing as a microscopic description as this is required in the final report to help guide its handling. **Note: All tissue bank specimens are to be grossed by the PA on service.**

**Procedure**

* Follow the appropriate procedure for wide local excision/ellipse specimens
* When submitting the sections, place the ones with the punch biopsy site face down in the cassette.
* Indicate which cassettes contain the punch biopsy site and demonstrate on a diagram.
* Describe the separate, half punch biopsy specimen.
* **Ink the concave surface (bisection site) red if not already done so.**
* Place in a cassette.
* If you have any questions, contact a pathologists' assistant or attending.

**Sections for Histology**

A cassette for each tip if orientated.    
  
Complete submission of the lesion and surrounding skin (approximately 1.0 cm of uninvolved skin on either side) including punch biopsy site.

Submission of separate, half skin punch.

**Sample Dictation**

Labeled “Right lower arm", received in formalin in a medium container is a 4.0 x 2.0 cm ellipse of tan skin excised to a depth of 1.3 cm. The specimen is remarkable for a 2.0 x 1.0 cm black-brown irregular lesion that is 0.5 cm from the nearest margin. A pericentric defect is noted within the lesion, 0.2 x 0.2 cm. The specimen is orientated with a suture at 12 o' clock. The 12 o' clock half is inked blue, the 6 o' clock half is inked green and the defect is inked red. Upon sectioning, the tumor has a maximum depth of 0.4 cm. Submitted separately within the container is a concave skin punch biopsy, 0.4 cm. in diameter and 0.2 cm in depth. The concave aspect is inked red. The specimen is submitted as per accompanied diagram.

**Cassette Summary**

A1. 3 o' clock tip (1ns).  
  
A2-A6. skin and lesion (1 ns each). The area of the defect is submitted in cassettes A4 and A5  
  
A7. 9 o' clock tip (1 ns).  
  
A8. skin punch for tissue bank. (1ns).