

RADICAL PROSTATECTOMY SPECIMEN (Partial Submission)

Date Acquired:
Patient Name:

Reg. Number:

Specimen ID:
Part #: " "

GROSS DESCRIPTION:

Grossed By: _____

Size: (L x W x H) _____ cm x _____ cm x _____ cm Weight _____ gm

Inking: R=green, L=blue, B=yellow

Seminal Vesicles (length) Right: _____ cm Vas Deferens: Right: _____ cm
Left: _____ cm Left: _____ cm

Nodule: none / single / multiple

Site of Nodule(s) (Right/Left): _____ Description of Nodule(s) (color): _____

Sliced Base to Apex – No. of Sections: _____

Tissue Procurement: Yes / No Sections submitted for procurement: _____

Inked Margins Intact: Yes / No If no, which slice(s): _____

COMMENTS:

CASSETTE DESIGNATIONS:

Surgical Margins

- | | |
|--|---|
| 1 =RSV&RVD (right seminal vesicles & vas deferens) | 2 =LSV&LVD (left seminal vesicle & vas deferens) |
| 3 =Anterior RPUM (right proximal urethral margin) | 4 =Anterior LPUM (left proximal urethral margin) |
| 5 =Posterior RPUM (right proximal urethral margin) | 6 =Posterior LPUM (left proximal urethral margin) |
| proximal urethral = bladder base | |
| 7 = RDUM right distal urethral margin) | 8 = LDUM (left distal urethral margin) |
| distal urethral = apex margin | |

Prostate Gland (All whole mount sections are submitted from base to apex)

Section 1

9 = Whole Mount

Section 3

10 = Whole Mount

Section 5

11 = Whole mount

Capsule Sections

___ = RA2 /LA2 ___ = RP2/ LP2
___ = RA4/LA4 ___ = RP4 / LP4

RECORD CIRCLED CASSETTES ONLY – DO NOT TRANSCRIBE UNCIRCLED DESIGNATIONS

If additional tissue is required:

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