

SRP*	Data element	Response					
	Fresh tissue received	No	Yes	<i>If yes, describe any additional tests/ biobanking performed</i>			
	Operative procedure	Text		<i>As stated by the clinician</i>			
	Uterus weight	__g					
	Uterus dimensions	__x__x__mm		<i>Midline fundal-serosa to ectocervix x max intercornual x max anterior to posterior</i>			
	Cervix dimensions	__x__mm		<i>Anterior-posterior x transverse</i>			
	Vaginal cuff	Absent	Present	Dimensions __x__mm	<i>Length x diameter</i>		
	Cervix shape	Normal		<i>Other, describe</i>			
	Endometrium description						
	Endometrial thickness	__mm					
	Endometrial abnormalities	Absent	Present	<i>Describe e.g. atrophy, polyp(s)</i>			
			Polyp(s)	For each __x__x__mm	Location _____		
	Endometrial cavity dimensions	__x__mm					
	Myometrium description						
	Myometrial depth	Anteriorly __mm		Posteriorly			
	Myometrial appearance	<i>Describe adenomyosis or caesarean scar if present</i>					
	Leiomyoma	No	Yes	Number __	Location (of each) _____		
				Size of largest __x__x__mm	Describe any necrosis, haemorrhage or softening		
	<i>For each ovary and fallopian tube, record the following:</i>						
	Ovary	Absent	Present	Laterality	__x__x__mm	Description	
	Fallopian tube	Absent	Present	Laterality	__x__mm if normal	__x__x__mm if abnormal	Description
	Other relevant macroscopic information	Text <i>E.g. any additional orientation; specimen integrity (if disrupted)</i>					
	Block identification key	Text <i>Describe nature and site of blocks</i>					