

Data element	Response					
Fresh tissue received	No	Yes	<i>If yes, describe any additional tests/ frozen sections/biobanking performed</i>			
Procedure	Text		<i>As stated by the clinician</i>			
Total specimen dimensions	__ x __ x __ mm					
Specimen weight	__ g					
Anatomical components present and size						
Bone	__ x __ x __ mm					
Skin	__ x __ mm					
Muscle <i>(for each)</i>	<i>Specify muscle</i>	__ x __ x __ mm				
Blood vessels <i>(for each)</i>	<i>Specify vessel</i>	__ x __ mm				
Nerve <i>(for each)</i>	<i>Specify nerve</i>	__ x __ mm				
Number of tumours	—					
<i>For each tumour: (if >1 designate accordingly)</i>						
Tumour dimensions	__ x __ x __ mm					
Tumour site	Epiphysis	Metaphysis	Diaphysis	Medullary cavity	Cortex	Surface
Tumour extent	Cortical erosion		Articular cartilage		Skin	
	Subperiosteal projection		Joint extensions, specify		Nerve(s), <i>specify</i>	
	Soft tissue extension		Extension into epiphyseal plate/bone end		Vessel(s), <i>specify</i>	
Tumour description	Circumscribed		Irregular			
Cut surface appearance						
Colour	Text					
Cyst formation	Absent	Present	Contents			
Tumour constituents	Bone-forming	Cartilage-forming	Fibrous	Myxoid		
Associated fracture	No	Yes				
Distance of tumour to surgical soft tissue margin(s)	__ mm		<i>Specify margin</i>			
Distance of tumour to bone resection margin(s)	__ mm		<i>Specify margin</i>			
Satellite lesion(s)	No	Yes				
Lymph nodes	Not submitted	Submitted	<i>Record number per cassette</i>			
Other relevant macroscopic information	Text		<i>E.g. any additional orientation; specimen integrity (if disrupted); relationship of tumour to other structures included in "anatomical components"</i>			
Block identification key	Text		<i>Describe nature and site of blocks</i>			