

	Data element	Response			
	Fresh tissue received	No	Yes	If yes, describe any additional tests/ frozen sections/biobanking performed	
	Procedure	Text As stated by the clinician			
	For each specimen submitted record:				
	Specimen labelled	Text			
	Location <i>(as stated by the clinician)</i>	Caecum Ascending colon Hepatic flexure Transverse colon	Splenic flexure Descending colon Sigmoid colon Rectosigmoid junction	Rectum Distance to anal verge __cm	Other, specify No site specified
	If polyp, see colorectal polyp protocol				
	Number of tissue pieces	<i>Or multiple if too numerous to count.</i>			
	Specimen dimensions	__x__x__mm	<i>Or range of sizes (max. dimensions) if multiple fragments</i> __ to __mm		
	Colour	Tan	Red	Yellow	White
	Appearance (if relevant)	Text			
	Other relevant macroscopic information	Text			
	Describe nature and site of blocks	Text			