

Data element	Response
Fresh tissue received	No Yes <i>If yes, describe any additional tests/ frozen sections/biobanking performed</i>
Operative procedure	Text <i>As stated by the clinician (salpingectomy, salpingo-oophorectomy)</i>
Specimen laterality	Left Right Unspecified
Specimen type	Fallopian tube With fimbriae Without fimbriae Ovary
Specimen integrity ( <i>ovary and tube</i> )	Intact Disrupted Fragmented
	<i>If evidence of previous tubal surgery is present, describe, e.g. clips, number and location</i>
Fallopian tube dimensions	__x__ mm <i>if normal</i> __x__ x __x__ mm <i>if abnormal</i>
Ovary dimensions (if present)	__x__ x __x__ mm
	<b><i>Where malignancy is suspected use the dictation template for a malignant setting</i></b>
Fallopian tube description (if submitted)	Normal Abnormal
<i>If abnormal, describe the abnormality:</i>	
Dimensions	__x__ mm
Description	Fusiform swelling, <i>describe contents</i> Tubal cyst Pyo/hydrosalpinx
Perforation/rupture	No Yes
Fallopian tube lumen	Present Absent
Ovary description (if submitted)	Normal Physiological Follicle cysts Corpus luteum Abnormal
<i>If abnormal, record:</i>	
Cysts	No Yes
Type of cyst	Unilocular Multilocular <b><i>If complex or suspicious use the dictation template for a malignant setting</i></b>
Cyst contents, describe	Serous Mucinous Keratinous debris and hair Old blood clot and blood clot
Maximum dimension	__ mm
Other relevant macroscopic information	Text <i>E.g. any additional orientation etc.</i>
Block identification key	Text <i>Describe nature and site of blocks</i>