

	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>		
	Specimen laterality	Right	Left			
	Specimen dimensions	__ x __ x __ mm				
	Component structures and dimensions	Describe (<i>e.g. calf circumference, foot dimensions etc.</i>) and measurements in mm				
	Specimen weight	__ g				
	Resection margin description					
	Type	Amputation		Disarticulation		
	Condition	Smooth		Ragged		
	Bone at margin	Text	<i>e.g. femur, humerus etc.</i>			
	Skin	Normal		Abnormal, record location, tissues involved and dimensions in mm		
				Ulceration	Discolouration	Swelling
				Trauma	Other, <i>describe</i>	
	Blood vessels	Normal		Abnormal, <i>record vessel type, location and extent</i>		
				Occlusion (%)	Atheroma	Thrombosis
				Other, <i>describe</i>		
	Other relevant macroscopic information	Text		<i>E.g. any additional orientation; specimen integrity (if disrupted)</i>		
	Describe nature and site of blocks	Text				