

SPR*/ICCR ⁱ	Data element	Response					
S2.02 ⁱ	Specimen labelling	<i>Record specimen labelling as stated by the clinician</i>					
	Fresh tissue received	No	Yes	If yes, describe any additional tests/ frozen sections/biobanking performed			
	Operative procedure and laterality	Text	<i>As stated by the clinician</i>	Laterality	<i>Left/right/bilateral/ unspecified</i>		
S2.03 ⁱ	Specimen type	Ovary, right/left	Fallopian tube, right/left	Ov. cystectomy, right/left	Omentum	Peritoneal biopsies	
		Lymph nodes	Uterus	Cervix	Other, specify	If uterus/cervix/other is present, see relevant dictation template	
S2.06 ⁱ	Macroscopic tumour site(s) <i>if applicable</i>	L/R ovary	L/R fallopian tube, fimbrial/non-fimbrial		Peritoneal	Indeterminate	Other, specify _____
	For each ovary and fallopian tube describe the following:						
	Fallopian tube, if applicable						
G2.02*	Fimbriae	Not identified	Present				
S2.04 ⁱ	Specimen integrity	Intact	Disrupted	Tumour present on	Fragmented	Other, specify _____	
G2.02*	Specimen dimensions	<i>If normal</i> __x__mm		<i>If abnormal</i> __x__x__mm			
G2.02*	Specimen description	Fimbriae present	Fimbriae not identified	No macroscopic abnormalities	Any abnormalities, if applicable		
	Ovary, if applicable						
G2.01*	Specimen weight –of ovary/adnexal mass	__ g					
S2.04 ⁱ	Capsule integrity	Intact	Ruptured	Fragmented/morcellated			
S2.04 ⁱ	Tumour on surface	Absent	Present	Number __	Dimensions __x__mm		
G2.02*	Specimen dimensions	__x__x__mm					
G2.03 ⁱ	Tumour dimensions	__x__x__mm					
	Solid component	Not identified	Present				
G2.04*	Tumour description	Text	<i>Texture, colour, consistency, necrosis</i>				
	Cystic component	Not identified	Present				
	Type of cyst	Unilocular	Multilocular				
	Cyst contents, describe	Blood-filled/stained		Clear/watery/serous	Mucoid/gelatinous	Hair/sebum/teeth (teratoma)	
	Internal surface abnormalities	Absent	Present, <i>describe</i>				
			Appearance <i>e.g. papillary excrescences</i>		Number __	Range of sizes __ to __mm	
G2.02*	Tumour involvement of other organs	Text, <i>describe e.g. involvement of fallopian tube(s), uterus etc.</i>					
	<i>If applicable</i>						
S2.05 ⁱ	Omentum dimensions	__x__x__mm					
G2.05*	Omental involvement	Not involved	Involved	Number __ and/or area inv. __%	Max. dimension of largest deposit __mm		
G2.06*	Lymph nodes, <i>if applicable</i>	Not submitted		Submitted	<i>Record number per cassette</i>		
	Other relevant macroscopic information	Text	<i>E.g. any additional orientation, distance to margins</i>				
S2.07 ⁱ	Block identification key	Text	<i>Describe nature and site of blocks</i>				

SPR*[Structured Reporting of Cancer](#) and ICCRⁱ [International Collaboration On Cancer Reporting](#) Standards (S) & Guidelines (G)