



Pathologist: _____ Patient: _____ Specimen #: _____

Report Format for Adrenal Gland

ADRENAL:

SPECIMEN TYPE: ADRENALECTOMY

LATERALITY: LEFT RIGHT

DIAGNOSIS: ADRENAL CORTICAL ADENOMA

PHEOCHROMOCYTOMA

SIZE: _____ CM
(greatest dimension)

WEIGHT: _____ GM

CAPSULE:
(optional; delete if not applicable)

MARGINS:
(delete if not applicable; explain POSITIVE or if cannot be assessed)

- NEGATIVE, COMPLETELY EXCISED
- POSITIVE _____
- Cannot be assessed _____

Additional Findings/Comments:
(within the tumor and/or in the non-neoplastic gland)

Ancillary Studies:
(delete if not applicable)