

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>	
Volume of fluid	__ ml			
Specimen dimensions				
Total specimen ( <i>if exenteration</i> )	__x__ x __ mm			
Globe	__x__ x __ mm		<i>antero-posterior x horizontal x vertical maximum</i>	
Optic nerve	__ mm			
Cornea	__x__ mm			
Pupil	__x__ mm			
Other tissues ( <i>if exenteration</i> )	__x__ x __ mm ( <i>each tissue</i> )			
Specimen external description	Text ( <i>e.g. evidence of previous biopsy or surgery and each anatomical component</i> )			
Episclera/sclera	Normal	Abnormal	<i>Describe e.g. sentinel vessels, staphylomas, fibrosis</i>	
Conjunctiva	Normal	Abnormal	<i>Describe e.g. congested vessels, fibrosis, tumours</i>	
Cornea	Normal	Abnormal	<i>Describe e.g. epithelial separation, ulcer, perforation</i>	
Pupil	Normal	Abnormal	Shape	
Iris	Normal	Abnormal	<i>Describe e.g. colour, ectropian/entropion uveae, iridectomy sites</i>	
Optic nerve	Normal	Abnormal	<i>Describe e.g. atrophic, demyelination, infarction</i>	
Globe (by gentle palpation)	Normal	Abnormal	<i>Describe e.g. globally firm/soft, focally firm/soft</i>	
Transillumination	Normal	Abnormal	<i>Describe e.g. tumour, areas of thinning</i>	
Retroillumination	Normal	Abnormal	<i>Describe e.g. iris atrophy, pupil abnormalities</i>	
Tumour description				
Tumour on the surface of the eye	Absent	Present	Number ____ ( <i>if &gt;1 designate accordingly &amp; describe each</i> )	
Choroidal invasion	Absent	Present	Distance to veins __ mm	
Extraocular spread	Absent	Present	≤ 5 mm	> 5 mm
<i>If retinoblastoma indicated</i>				
Vitreous seeding	Absent	Present		
Tumour growth pattern	Endophytic	Exophytic		

Maximum tumour diameter	__mm											
Tumour site and compartments/tissues involved	Text <i>(more than one may apply)</i>											
Distance of tumour to head of optic nerve	__mm											
Distance of tumour to pars plicata	__mm											
Distance of tumour to closest soft tissue margin	__mm											
Specimen internal description	Text											
Anterior chamber	Deep (normal)			Shallow								
Aqueous humour <i>(more than one may apply)</i>	Clear		Blood		Pus		Tumour					
Angle	Closed		Open		<i>Describe any blood, pigment deposits or abnormal blood</i>							
Lens	Absent		Present		<i>Describe</i>							
Natural	Size (max. dim.) __mm			Shape		Colour		Cataract		No	Yes	
Artificial	Opacification		No	Yes	Decentration		No	Yes	Laser capsulotomy site		No	Yes
Ciliary body	<i>Describe e.g. effusions, evidence of cryotherapy, ciliary body ablation</i>											
Vitreous	Normal (gelatinous)			<i>Abnormal, describe e.g. haemorrhage, pus, tumour, oil/silicone</i>								
Retina	Normal		<i>Abnormal, describe e.g. detached, holes/tears, exudates, haemorrhage etc.</i>									
Optic disc	Normal		<i>Abnormal, describe e.g. papilloedema, atrophy, cupping, neovascular tissue growth</i>									
Choroid	<i>Thickening (if present), due to ____ (e.g. haemorrhage, exudate, inflammation, tumour)</i>											
Evidence of previous surgery	Scars		Filtration bleb			Evidence of retinal repair			Other, describe			
Other relevant macroscopic information	Text			<i>E.g. any additional orientation; specimen integrity (if disrupted) etc.</i>								
Describe nature and site of blocks	Text											