

APPENDIX B: DATA CAPTURING SHEET

Table 5: Data Capturing Sheet for the Condition Assessment of the selected Pathology specimens

Accession	Custodian	Collection	Reason for examination	Dimensions (mm)	Weight (g)
23-07-01	University of Pretoria.	W.G De Haas Anatomy Study Resource.	Data collection for a masters dissertation.	48 mm (w) x 112 mm (h) 175 mm (base length) x 60 mm (base width)	886 g
23-07-02	University of Pretoria.	W.G De Haas Anatomy Study Resource.	Data collection for a masters dissertation.	4 mm (w) x 162 mm (h) 118 mm (base length) x 69 mm (base width)	590 g
23-07-03	University of Pretoria.	W.G De Haas Anatomy Study Resource.	Data collection for a masters dissertation.	117 mm (w) x 310 mm (h) 144 mm (base length) x 100 mm (base width)	3900 g
23-07-04	University of Pretoria.	W.G De Haas Anatomy Study Resource.	Data collection for a masters dissertation.	62 mm (w) x 130 mm (h) 226 (base length) x 80 mm (base width)	844 g
23-07-05	University of Pretoria.	W.G De Haas Anatomy Study Resource.	Data collection for a masters dissertation.	134 mm (w) x 286 mm (h) 194 mm (base length) x 152 mm (base width)	4600 g
23-07-06	University of Pretoria.	W.G De Haas Anatomy Study Resource.	Data collection for a masters dissertation.	67 mm (w) x 176 (h) 354 mm (base length) x 41 (base width)	1508 g
23-07-07	University of Pretoria.	W.G De Haas Anatomy Study Resource.	Data collection for a masters dissertation.	65 mm (w) x 83 mm (h) 76 (base length) x 63 (base width)	121 g

Accession	Specimen	Pathology case	Demographics	Clinical History	Condition and treatment priority
23-07-01	Brain and cerebellum.	Metastatic small cell carcinoma in the brain with obstructive hydrocephalus and cerebellar conus.	No demographic data available.	No clinical history available.	The specimen can be identified as being potentially unstable (ii) with no treatment priority (1) required beyond routine maintenance.
23-07-02	Small intestines.	Leiomyosarcoma with infiltration of adjacent small intestine mesentery.	No demographic data available.	No clinical history available.	The specimen was classified as unstable (i) and assigned a necessary (3) treatment priority, primarily due to the inadequately low alcohol concentration (39.68%) detected in the preservative fluid. This issue was further compounded by the observed partial dehydration of the preservation medium.
23-07-03	Femur.	Chronic osteitis with sequestrum.	No demographic data available.	No clinical history available.	The specimen was deemed to be in an unstable state (i), necessitating immediate and prioritised intervention (3) owing to the suboptimal alcohol concentration (23.81%) detected in the preservation-fluid. Additionally, the partial dehydration of the preservation-fluid further exacerbated the specimen's condition. The accumulation of sediment and deposits on both the specimen and its container, coupled with the excessive saturation of congealed lipids within the preservation fluid, underscored the urgency and criticality of the required treatment.

23-07-04	Vagina, cervix, uterus, fallopian tubes and ovaries.	Ovarian tumour.	No demographic data available.	No clinical history available.	The specimen was categorised as potentially unstable (ii), warranting a desirable treatment priority (2). This assessment is primarily attributed to the noticeable fading and deterioration of the soft tissue, a consequence of near-complete dehydration of the specimen. According to Simmons (2014), it is advised that specimens suffering from severe dehydration should be preserved and monitored in their current desiccated state, ensuring they are housed in hermetically sealed containers to avert contamination. Furthermore, the specimen's preservative fluid, tentatively identified as Glycerol, displayed an acidic pH, a possible indication of the preservative fluid undergoing oxidation.
23-07-05	Foetus.	Intra-uterine pregnancy.	No demographic data available.	No clinical history available.	The specimen has been determined to be unstable (i) and requires immediate intervention. This necessity for treatment (1) is attributed to several critical factors: the partial dehydration of and the discolouration of the preservative fluid, the emergence of internal stress cracks within the container and a lack of container seals compromising its structural integrity, and an alarmingly low estimated alcohol concentration of merely 7.93%.

23-07-06	Vagina, cervix, uterus, fallopian tubes and ovaries.	Ovarian tumour.	No demographic data available.	No clinical history available.	The specimen was categorised as potentially unstable (ii), warranting a desirable treatment priority (2). This assessment is primarily attributed to the noticeable fading and deterioration of the soft tissue, a consequence of the complete dehydration of the specimen. According to Simmons (2014), it is advised that specimens suffering from severe dehydration should be preserved and monitored in their current desiccated state, ensuring they are housed in hermetically sealed containers to avert contamination.
23-07-07	Heart.	Athresia of the aortic valve with hypoplasia on the left.	No demographic data available.	No clinical history available.	The specimen was classified as potentially unstable (ii), warranting a desirable treatment priority (2). This evaluation is primarily due to the evident fading and deterioration of the soft tissue, which is a direct result of the specimen's complete dehydration. Additionally, the presence of white deposits and crystalline precipitates on the specimen was also observed, further substantiating the need for its treatment.