Sample Submission Form

Lung Adenocarcinoma Cell (LUAD)

Instructions: *This form should be completed for all submitted cases, prior to the shipment of samples to the BCR.*

Questions regarding this form should be directed to the Tissue Source Site's Clinical Outreach Contact at the BCR.

Tissue Source Site (TSS) acknowledges that the Biospecimen Core Resource (BCR) may confirm that the diagnosis of the biospecimen is consistent with the primary diagnosis reported by the TSS through histopathology examination in the BCR laboratory. If the BCR identifies a possible discrepancy, the TSS authorizes the BCR to report these patient results to the TSS by means of a formal report in confidential email format for the quality assurance program of the TSS to address.

Tissue Source Site (TSS): _____ TSS ID: _____ TSS Unique Patient ID: _____

Interviewer Name: _____ Interview Date ___ ___/___ ___ /___ ___ ___ ___

#	Question	Entry Alternatives	Working Instructions
STOP	**Verification of Requirements** Prior to the shipment of samples to the BCR, the TSS must answer the following questions to verify that all requirements are met.		
1*	Type of Biospecimen Submission *(check all that apply)*	☐ Primary Tumor Sample ☐ Normal Sample	Please provide the type of biospecimen(s) being submitted at the time of completion of this form.
Consent Information			
2*	Consent Status	☐ Formally Consented ☐ Consented by Death ☐ Exemption 4* ☐ Waiver*	Indicate whether the patient was formally consented, consented by death, or if the case has an exemption or waiver for consent. *Exemptions and waivers for consent must be approved by NCI. 3288361
3	Date of Formal Consent	_____ _____ _____ _____ _____ _____ _____ _____ *Month* *Day* *Year*	If the patient was formally consented, provide the date of consent. Do not complete if the patient consented by death. 3081955 (month), 3081957 (day), 3081959 (year)
4	Date of Death	_____ _____ _____ _____ _____ _____ _____ _____ *Month* *Day* *Year*	If the patient consented by death (i.e. they did not formally consent), provide the date of death. Do not complete date of death if the patient formally consented. 2897026 (month), 2897028 (day), 2897030 (year)
History of Malignancies			
5*	History of Other Malignancy *(Including ALL Prior and Synchronous Malignancies)*	☐ None ☐ History of Prior Malignancy ☐ History of Synchronous Malignancy ☐ Both History of Synchronous and Prior Malignancy	Indicate whether the patient has a history of malignancies, including synchronous or bilateral malignancies. Please complete an Other Malignancy Form (OMF) for each malignancy diagnosed prior to or at the time the submitted tissue was procured. If the patient has a history of multiple diagnoses of basal or squamous cell skin cancer, only complete an OMF for the initial diagnosis of each of these types. 3382736
Neoadjuvant Treatment			
6*	History of Neoadjuvant Treatment (prior to procurement) of Tumor Specimen Submitted	☐ None ☐ Radiation prior to sample procurement* ☐ Pharmaceutical treatment prior to sample procurement* ☐ Both pharmaceutical treatment and radiation prior to sample procurement*	Indicate whether the patient received therapy for the tumor submitted prior to the sample procurement. If the patient did receive treatment prior to procurement, the TSS should contact the BCR for further instructions. *Systemic therapy and certain localized therapies (those administered to the same site as the submitted tissue) given prior to the procurement of the sample submitted are exclusionary. 3382737
Pathology Prescreen at the TSS			
7*	Was the submitted sample prescreened at the TSS?	☐ Yes ☐ No	Indicate whether the sample submitted to the BCR was prescreened at the TSS. 3081942

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8*	Name of Pathologist *(who performed the review of the submitted slide)*	_____	Provide the name of the pathologist who performed the review of the submitted sample. Also provide the date of this review below. 3288225
9*	Date of Pathologist Prescreen Review	_____ _____ _____ _____ _____ _____ _____ _____ *Month* *Day* *Year*	Provide the date the pathologist performed the prescreen review. 3462941 (month), 3462917 (day), 3462960 (year)
10*	Does the percent tumor nuclei meet current project metrics?	☐ Yes	Confirm that the malignant sample submitted to the BCR meets the current tumor nuclei metrics. 3288520
11*	Does the percent necrosis meet the current project metrics?	☐ Yes	Confirm that the malignant sample submitted to the BCR meets the current necrosis metrics. 3288524
Initial Pathology Report			
12*	Will an original diagnostic de-identified pathology report be submitted?	☐ Yes ☐ No	Confirm that a de-identified original diagnostic pathology report is being sent to BCR prior to or with the shipment of the physical samples. Cases without a diagnostic pathology report at the time of sample submission will be excluded. 3288292
13*	Is the histologic diagnosis on the Sample Submission Form (as determined by the TSS pathology review of the submitted slide) consistent with the histology listed on the submitted original diagnostic pathology report?	☐ Yes ☐ No	Confirm that the diagnosis provided on this Sample Submission Form for the tumor sample being submitted is consistent with the diagnosis found on the patient's original diagnostic pathology report for the tumor being sent to the BCR. If "yes," skip related question below. The diagnosis is considered to be consistent if at least one of the following criteria are met: 1) Diagnosis on the Sample Submission Form is identical to the pathology report for the tumor being sent to the BCR. 2) Diagnosis on the Sample Submission Form includes at least one of the subtypes listed on the pathology report and all subtypes on the pathology report are acceptable. 3) Diagnosis on the Sample Submission Form is "histology, NOS" (i.e., Adenocarcinoma, NOS) and the pathology report lists a specific subtype within the same histologic group. 4) Diagnosis on the Sample Submission Form indicates "Mixed Subtype" and the pathology report lists two or more acceptable subtypes, provided that percent subtype(s) meet applicable disease-specific requirements. 3288300
14	If the diagnosis on this form is not consistent with the provided pathology report, indicate the reason for the inconsistency.	☐ Macrodissection Performed *(see definition at right)* ☐ Other Pathology Review *(see definition at right)* ☐ Pathology Review for this Project *(see definition at right)*	If the diagnosis provided on this form is not consistent with the final diagnosis found on the original diagnostic pathology report provided, specify a reason for this inconsistency. 1.) Macrodissection that was performed at the TSS to select a region containing an acceptable diagnosis determined a specific histological subtype that is different from the original pathology report 2.) The pathology analysis performed at the TSS determined a specific histological subtype that is different from the original pathology report 3.) The pathology review of the section submitted for this project determined that the histologic subtype is different from the pathology report If a TSS pathology review of the submitted sample resulted in a different histologic subtype than what is documented on the original diagnostic pathology report, an amendment to the pathology report should be submitted when the sample is shipped to the BCR; in the absence of an amended pathology report, the TSS must provide a detailed explanation of the reason for the inconsistency. In the case of diagnosis modifications, institution protocol should be followed for proper quality assurance. 3288315

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#	Question	Entry Alternatives	Working Instructions
Demographic Information			
15*	Date of Birth	_____ _____ _____ _____ _____ _____ _____ _____ *Month* *Day* *Year*	Provide the date the patient was born. 2896950(month), 2896952(day), 2896954 (year)
16*	Race	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Unknown	Provide the patient's race using the provided categories, as defined below. **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. **Asian:** A person having origins in any of the original peoples of the far East, Southeast Asia, or in the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. **White:** A person having origins in any of the original peoples of the far Europe, the Middle East, or North Africa. **Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American." **Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. **Unknown** 2192199
17	Ethnicity	☐ Not Hispanic or Latino ☐ Hispanic or Latino ☐ Unknown	Provide the patient's ethnicity using the provided categories, defined below: **Not Hispanic or Latino:** A person not meeting the definition of Hispanic or Latino. **Hispanic or Latino:** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. **Unknown** 2192217
Tumor Information The following information must be completed for the tumor sample submitted and should be answered specifically about the submitted sample(s). If multiple vials of the tumor sample are submitted, the "Tumor Sample Information" must be completed for each vial submitted to the BCR.			
Pathologic/Anatomic Information			
18*	Tumor Category	☐ Primary ☐ Metastatic ☐ Recurrent	Confirm that the sample submitted is a primary biospecimen. 3288124
19*	Histological Subtype	☐ Adenocarcinoma, Mixed Subtype ☐ Acinar Adenocarcinoma ☐ Papillary Adenocarcinoma ☐ Bronchioloalveolar Carcinoma, Mucinous ☐ Bronchioloalveolar Carcinoma, Non-Mucinous ☐ Solid Pattern Predominant Adenocarcinoma ☐ Micropapillary Adenocarcinoma ☐ Fetal Adenocarcinoma ☐ Mucinous Cystadenocarcinoma ☐ Mucinous (Colloid) Adenocarcinoma ☐ Signet Ring Adenocarcinoma ☐ Clear Cell Adenocarcinoma ☐ Adenocarcinoma, Not Otherwise Specified (NOS)	Indicate the histologic subtype of the malignant sample submitted. 3081934
20*	Anatomic Site of Submitted Sample	☐ Lung ☐ Other (For Metastatic or Recurrent Tumors only; Please Specify)	Indicate the anatomic site of the tumor biospecimen submitted. 4132154
21	Other Anatomic Site *(For Metastatic or Recurrent Tumors only)*	_____	If the anatomic site of the metastatic tumor is not listed in the previous question, provide the specific site of the metastatic tumor. 2584114
22*	Region of Submitted Sample *(Check all that apply)*	☐ Upper Lobe ☐ Middle Lobe (right only)	Indicate the region of the anatomic site of the tumor biospecimen submitted. 3081961

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#	Question	Entry Alternatives	Working Instructions
		☐ Lower Lobe ☐ Unknown	
23*	Laterality	☐ Left ☐ Right	Indicate the laterality of the tumor biospecimen submitted. 2007875
Diagnosis Information			
24*	Date of Initial Pathologic Diagnosis	_____ _____ _____ _____ _____ _____ _____ _____ *Month* *Day* *Year*	Provide the date the patient was initially pathologically diagnosed with the malignancy submitted. 2896956 (month), 2896958 (day), 2896960 (year)
Tumor Procurement Information			
25*	Date of Cancer Sample Procurement	_____ _____ _____ _____ _____ _____ _____ _____ *Month* *Day* *Year*	Provide the date the submitted tumor sample was procured. 3008197 (month), 3008195(day), 3008199 (year)
26*	Method of Cancer Sample Procurement	☐ Pneumonectomy ☐ Lobectomy ☐ Wedge Resection ☐ Biopsy (all types) ☐ Other Surgical Resection	Indicate the procedure performed to obtain the malignant tissue that yielded the submitted sample. 3103514
27*	Country where Cancer Sample was Procured	_____	Provide the country where the malignant tissue that yielded the submitted sample was procured. 3152016
Tumor Sample Information If multiple vials of the tumor sample are submitted, this section must be completed for each vial submitted to the BCR.			
28*	Tumor Identifier	_____	Provide the TSS unique tumor ID. If multiple pieces of tumor are submitted, each tumor sample needs a unique ID. 3288096
29*	What type of tumor sample is being submitted?	☐ Portion ☐ Block ☐ Scroll	Indicate the text term to describe the kind of tumor sample that is being submitted. 3812626
30*	Preservation Method	☐ FFPE ☐ Frozen	Indicate whether the sample being submitted is a frozen sample or a formalin fixed paraffin embedded (FFPE) sample. 2231144
31*	Weight of Submitted Sample	_____ (mg)	Provide the approximate weight of the tumor sample submitted. 3081946
32*	Tumor Nuclei Percent (%)	_____ (%)	Provide the percent of tumor nuclei for the sample submitted, as determined by pathology review of the slide submitted. Check with the BCR to confirm the current acceptable metrics. 2841225
33*	Necrosis Percent (%)	_____ (%)	Provide the percent of necrosis for the sample submitted, as determined by pathology review of the slide submitted. Check with the BCR to confirm the current acceptable metrics. 2841237
Shipment/Slide Information			
34*	Type(s) of Slides Submitted *(Check all that apply)*	**Physical Slide** ☐ Frozen Top Slide ☐ FFPE Top Slide ☐ FFPE Diagnostic Slide **Digital Slide Image** ☐ Frozen Top Slide ☐ FFPE Top Slide	Indicate the type(s) of slide(s) submitted to the BCR. **Top Slide Definition**: Slide cut directly from submitted sample = mirror image of inked surface 3521909

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#	Question	Entry Alternatives	Working Instructions
		☐ FFPE Diagnostic Slide	
35*	Slide/Digital Image ID	_____	Provide the slide ID for each slide (physical and digital image) submitted to the BCR. 2321277
36	Shipment Vessel Used	☐ Cryovial ☐ Biospecimen Storage Bag ☐ Cassette ☐ Cryomold ☐ Other	Indicate the type of vessel used to ship the tissue to the Biospecimen Core Resource (BCR). Check with the BCR to confirm that your shipment container is approved. 3081940
	Normal Sample Information The following information must be completed for the normal control sample submitted and should be answered specifically about the submitted control(s). If multiple normal control types are submitted, **ALL QUESTIONS** should be completed for each sample. If multiple vials of the same normal control are submitted, the "Normal Control Sample Information" must be completed for each vial submitted to the BCR.		
37*	Will a Normal Germline Control be Submitted?	☐ Yes ☐ A germline control has previously been submitted for this case	Confirm that a normal germline control is being sent to BCR . A peritumoral sample may only be submitted if a normal germline control sample is also submitted.
38*	Type(s) of Normal Germline Control(s) *Check all that apply*	☐ Whole Blood ☐ Buffy Coat ☐ Lymphocytes ☐ Extracted DNA from Blood ☐ Frozen Non-Neoplastic Tissue ☐ FFPE Non-Neoplastic Tissue	Indicate the type(s) of normal control(s) submitted for this case. 3081936
Normal Germline Control Sample Procurement Information			
39*	Method of Normal Control Procurement	☐ Blood Draw ☐ Surgical Resection	Indicate the procedure performed to obtain the normal control sample submitted. 3288147
40*	Date of Normal Control Procurement	____ ____ ____ ____ ____ ____ ____ ____ *Month* *Day* *Year*	Provide the date of the procedure performed to obtain the normal control submitted. 3288195 (month), 3288196 (day), 3288197 (year)
Normal Germline Control Sample Information			
41*	Normal Control ID	_____	Provide the TSS unique normal ID. If multiple normal control samples are submitted, each normal control needs a unique ID. 3288138
Extracted DNA from Blood: Only complete this section if submitting extracted DNA from blood.			
42	Extracted DNA Quantity of Normal Control	_____ (µg)	Provide the quantity (µg) of the normal control sample sent to the BCR. 3288185
43	Extracted DNA Quantification Method of Normal Control	_____	Provide the quantification method of the normal control sample sent to the BCR. 3288186
44	Extracted DNA Concentration of Normal Control	_____ (µg/µL)	Provide the concentration (µg/ µL) of the normal control sample sent to the BCR. 3288187
45	Extracted DNA Volume of Normal Control	_____ (µL)	Provide the volume (µL) of the normal control sample sent to the BCR. 3288188
Normal Germline Control Tissue: (Uninvolved organ only) Only complete this section if submitting germline control tissue.			

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#	Question	Entry Alternatives	Working Instructions
46	Anatomic Site of Normal Germline Control Tissue (Uninvolved organ only)	☐ Spleen ☐ Other	If the normal germline control type is non-neoplastic tissue, indicate the anatomic site of the tissue submitted. 4132152
47	Other Anatomic Site of Normal Germline Control Tissue	_____	If the anatomic site of the normal germline control is not listed in the previous question, provide the specific site of the normal control. 3288189
48	Normal Slide or Digital Image Identifier	_____	If the normal germline control type is non-neoplastic tissue and a slide for this tissue is being submitted, indicate the slide identifier here. 3288217
Peritumoral Tissue: Only complete this section if submitting peritumoral tissue in addition to a germline control.			
49*	Is a Peritumoral Tissue being submitted in addition to a normal germline control tissue?	☐ Yes ☐ No	A peritumoral sample may only be submitted if a normal germline control sample is also submitted.
50	Method of Peritumoral Procurement	☐ Surgical Resection	Indicate the procedure performed to obtain the tissue submitted. 3288147
51	Date of Peritumoral Tissue Procurement	_____ _____ _____ _____ _____ _____ _____ _____ *Month* *Day* *Year*	Provide the date of the procedure performed to obtain the normal control submitted. 3288195 (month), 3288196 (day), 3288197 (year)
52	Normal Control ID	_____	Provide the TSS unique normal ID. If multiple normal control samples are submitted, each normal control needs a unique ID. 3288138
53	What type of peritumoral sample is being submitted?	☐ FFPE Sample ☐ Frozen Sample	Indicate whether the type of peritumoral sample being submitted is a frozen sample or a formalin fixed paraffin embedded (FFPE) sample. 4634873
54	Anatomic Site of Peritumoral Tissue	☐ Lung	If peritumoral tissue is submitted, indicate the anatomic site of the tissue submitted. 4633535
55	Laterality of the Peritumoral Tissue	☐ Left ☐ Right	If peritumoral tissue is submitted, indicate the laterality of the tissue submitted. 4633536
56	Peritumoral Tissue Slide or Digital Image Identifier	_____	If peritumoral tissue is submitted and a slide for this tissue is also being submitted, indicate the slide identifier here. 3462772
Time Intervals The following questions are only to be answered if the Tissue Source Site is unable to provide the dates requested on this form. Provided time intervals must begin with the date of initial pathologic diagnosis (i.e., biopsy or resection) Please Note: Only provide interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.			
i	Has this TSS received permission from the NCI to provide time intervals as a substitute for requested dates on this form?	☐ Yes ☐ No	Indicate whether the TSS has permission to provide time intervals in lieu of dates.
ii	Number of Days from Date of Initial Pathological Diagnosis to Date of Pathological Review	_____ days	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the date of the pathological review performed as part of the submission process. 3288497

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#	Question	Entry Alternatives	Working Instructions
iii	Number of Days from Date of Initial Pathological Diagnosis to Date of Consent	_____ days	If the patient formally consented, provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the date of the patient's formal consent. 3288498
iv	Number of Days from Date of Initial Pathological Diagnosis to Date of Death	_____ days	If the patient consented by death, provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the date of the patient's death. Note: If the patient formally consented prior to death, do not answer this question only answer the question above that asks for the number of days between the date of diagnosis and the date of the patient consent 3288499
v	Number of Days from Date of Initial Pathologic Diagnosis to Date of Birth	_____ days	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the patient's date of birth 3008233
vi	Number of Days from Date of Initial Pathological Diagnosis to Date of Cancer Sample Procurement	_____ days	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the date of the procedure that produced the malignant sample submitted 3288495
vii	Number of Days from Date of Initial Pathological Diagnosis to Date of Normal Sample Procurement (Whole Blood)	_____ days	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the date of the procedure that produced the normal control sample submitted 3288496
viii	Number of Days from Date of Initial Pathological Diagnosis to Date of Normal Sample Procurement (Buffy Coat/Lymphocytes)	_____ days	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the date of the procedure that produced the normal control sample submitted 3288496
ix	Number of Days from Date of Initial Pathological Diagnosis to Date of Normal Sample Procurement (Extracted DNA)	_____ days	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the date of the procedure that produced the normal control sample submitted 3288496
x	Number of Days from Date of Initial Pathological Diagnosis to Date of Normal Sample Procurement (Uninvolved Non-Neoplastic Tissue – Frozen or FFPE)	_____ days	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the date of the procedure that produced the normal control sample submitted 3288496
xi	Number of Days from Date of Initial Pathological Diagnosis to Date of Normal Sample Procurement (Peritumoral Tissue)	_____ days	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the date of the procedure that produced the normal control sample submitted 3288496

_____ _____ ___ ___/ ___ ___/ ___ ___ ___ ___

Principal Investigator or Designee Signature | Print Name | Date

I acknowledge that the above information provided by my institution is true and correct and has been quality controlled.