Case Quality Control Form (CQCF): Diffuse Large B Cell Lymphoma *V4.40*

Tissue Source Site (TSS) Name: _____ TSS Identifier: _____ TSS Unique Patient #: _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: *Tissue Source Site (TSS) acknowledges that the Biospecimen Core Resource (BCR) may confirm that the diagnosis of the frozen 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.*
The following information to be provided by a pathologist

Question #	Data Element Label	Data Entry Alternatives	CDE ID With Working Instructions
1*	Has this TSS received permission from NCI to provide time intervals as a substitute for requested dates on this form?	☐ Yes ☐ No	Please note that time intervals must be recorded in place of dates where designated throughout this form if you have selected "yes" in the box to the left. Provided time intervals must begin with the date of initial pathologic diagnosis. (i.e., biopsy or resection) 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.
2*	Histological Subtype	☐ Diffuse large B-cell lymphoma (DLBCL), NOS (any anatomic site, nodal or extranodal) ☐ Primary mediastinal (thymic) DLBCL ☐ Primary DLBCL of the CNS ☐ Primary cutaneous DLBCL, leg type ☐ EBV positive DLBCL of the elderly ☐ DLBCL associated with chronic inflammation	3081934 Indicate the histologic subtype for the diffuse large B-cell lymphoma tumor sample being submitted to TCGA. Note: Tumors with Follicular component > 10% are not eligible for the TCGA Project.
3*	Percentage of Follicular Component in DLBCL	☐ < or = to 10% ☐ >10%	*3232840* *Using the pathology report, indicate the percentage of the follicular component within the diffuse large B-cell lymphoma sample that was removed from the patient.* Note: If the follicular component is greater than 10%, this is an exclusion criterion.
4*	Tumor Type	☐ Primary	3288124 Confirm that the tumor being submitted to TCGA is a primary untreated malignant biospecimen.
5	Anatomic Site Frozen Biospecimen	**Nodal** ☐ Axillary ☐ Cervical ☐ Epitrochlear ☐ Femoral ☐ Hilar ☐ Iliac common ☐ Iliac external ☐ Inguinal ☐ Mediastinal ☐ Mesenteric ☐ Occipital ☐ Para aortic ☐ Parotid ☐ Popliteal ☐ Retroperitoneal ☐ Splenic ☐ Supraclavicular ☐ Submandibular **Extranodal** ☐ Adrenal ☐ Bone ☐ Breast ☐ Peripheral blood ☐ Skin ☐ Bone marrow ☐ Soft Tissue(Muscle,Ligaments,Subcutaneous) **Central Nervous System** ☐ Brain ☐ Epidural ☐ Leptomeninges **ENT & Eye** ☐ Intraocular ☐ Larynx ☐ Nasal Soft Tissue ☐ Nasopharynx ☐ Oropharyngeal Soft Tissue ☐ Parotid Gland ☐ Peri-orbital Soft Tissue ☐ Salivary Gland ☐ Sinus ☐ Thyroid ☐ Trachea **Gastrointestinal / Abdominal** ☐ Appendix ☐ Colon ☐ Peritoneum (ascites) ☐ Esophagus ☐ Stomach ☐ Gallbladder ☐ Small Intestine ☐ Liver ☐ Pancreas ☐ Rectum **Genito-urinary Tract** ☐ Epididymis ☐ Kidney ☐ Ovary ☐ Prostate ☐ Testes ☐ Uterus **Mediastinal / Intra-thoracic** ☐ Heart ☐ Pericardium ☐ Lung	4132152 Using the pathology report, indicate the nodal or extranodal tumor site from which the tissue being submitted to TCGA originated.

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		☐ Mediastinal Soft Tissue (including thymus) ☐ Pleura (Pleural Effusion) ☐ Other Extranodal Site (please specify)	
6	Other Anatomic Site of Frozen Biospecimen	_____	3320289 If the extranodal tumor site from which the tissue being submitted to TCGA originated is not included in the provided list, specify the other anatomic site for the tissue being submitted.
Date of Sample Procurement			
7	Date of Sample Procurement	____ ____ ____ ____ ____ ____ ____ ____ *Month* *Day* *Year*	3008197 (Month), 3008195 (Day), 3008199 (Year) Provide the date of the procedure performed to obtain the malignant tissue submitted for TCGA.
8	Number of Days from Date of Initial Pathologic Diagnosis to Date of Cancer Sample Procurement	_____	3288495 Provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the date of the procedure that produced the malignant sample submitted for TCGA. 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.
9*	Method of Cancer Sample Procurement	☐ Incisional Biopsy ☐ Core Biopsy ☐ Excisional Biopsy ☐ Other Method (please specify)	3103514 Indicate the procedure performed to obtain the malignant tissue submitted for TCGA.
10	Other Method of Cancer Sample Procurement	_____	2006730 If the procedure performed to obtain the malignant tissue is not included in the provided list, specify the procedure.
11*	Country of Cancer Sample Procurement	_____	3203072 Provide the country where the tissue submitted for TCGA was procured.
12*	Race	☐ 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 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.* ☐ Not Evaluated: *Not provided or available.* ☐ Unknown: *Could not be determined or unsure.*	2192199 Provide the patient's race using the defined categories.
13	Ethnicity	☐ 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.* ☐ Not Evaluated: *Not provided or available.* ☐ Unknown: *Could not be determined or unsure.*	2192217 Provide the patient's ethnicity using the defined categories.
14*	Vessel Used	☐ Cryovial ☐ Cryomold ☐ Cassette ☐ Biospecimen Storage Bag ☐ Other vessel (*please specify below*)	3081940 Indicate the type of vessel used to ship the tissue to the Biospecimen Core Resource (BCR) for TCGA.
15	Other Vessel Used	_____	3288137 If the vessel used to ship tissue to the Biospecimen Core Resource (BCR) is not included in the provided list, specify the other type of vessel used.

Question #	Data Element Label	Data Entry Alternatives	CDE ID With Working Instructions
16*	Is tumor sample being submitted for macrodissection?	☐ Yes ☐ No	3521908 Indicate whether the tumor sample submitted to the BCR is intended to undergo macrodissection after the BCR receives the sample.
17*	Was sample prescreened at site?	☐ Yes ☐ No	3081942 Indicate whether the sample submitted to the BCR was prescreened at the TSS.
18*	Will Top Slide be submitted to the BCR?	☐ Yes ☐ No	3081944 Indicate whether a physical top slide for the sample submitted to the BCR will be shipped with the tumor tissue sample. Note: Top slide definition: Slide cut directly from frozen biospecimen = mirror image of inked surface.
19*	Will Digital Slide Image be submitted to the BCR?	☐ Yes ☐ No	3081948 Indicate whether a digital slide image for the sample submitted to the BCR will be shipped with the tissue sample. Physical top slides are preferred.
20*	Will a FFPE Tumor slide be submitted to the BCR?	☐ Yes ☐ No	3295811 Indicate whether the diagnostic Formalin Fixed Paraffin Embedded (FFPE) slide representative of the patient's overall tumor is being shipped to the BCR with the tissue sample for TCGA.
21	FFPE Tumor Slide/Digital Image ID #	_____	3295810 Provide the slide ID for the FFPE physical slide OR the digital image being sent to the BCR.
22	Will a B-Cell Tumor slide (CD20 Slide) be submitted to the BCR?	☐ Yes ☐ No	3320292 Indicate whether a B-cell (CD20) slide representative of the patient's overall tumor is being shipped to the BCR with the tissue sample for TCGA. Note: B-cell (CD20) tumor slide is not required if the results of the slide review are documented in the pathology report, immunohistochemistry (IHC) report, or flow cytometry report.
23	B-cell Tumor Slide (CD20 Slide)/Digital Image ID #	_____	3320294 Provide the slide ID for the B-cell (CD20) physical slide OR the digital image being sent to the BCR.
24	Will a T-Cell Tumor slide (CD3 Slide) be submitted to the BCR?	☐ Yes ☐ No	3320295 Indicate whether a T-cell (CD3) slide representative of the patient's overall tumor is being shipped to the BCR with the tissue sample for TCGA. Note: T-cell (CD3) tumor slide is not required if the results of the slide review are documented in the pathology report, immunohistochemistry (IHC) report, or flow cytometry report.
25	T-cell Tumor Slide (CD3 Slide)/Digital Image ID #	_____	3320296 Provide the slide ID for the T-cell (CD3) physical slide OR the digital image being sent to the BCR.
26	Will a Flow Cytometry Report Submitted?	☐ Yes ☐ No	3297384 Indicate whether the Flow Cytometry report is being submitted to the BCR. Note: If submitting a copy of this report, this report should be uploaded with the pathology report.
27*	Tumor Identifier	_____	3288096 Provide the TSS unique tumor ID. If multiple pieces of tumor are submitted, each tumor needs a unique ID.
28*	Weight of Frozen Tumor	_____ (0.2cm3 (0.6cm * 0.6cm * 0.6cm) = ~200mg	3081946 Provide the weight of the tumor sample submitted for TCGA.
29*	Tumor Nuclei %	_____	2841225 Provide the percent of tumor nuclei for the sample submitted for TCGA. *Check with the BCR to confirm the current acceptable TCGA metrics.*
30*	Tumor Necrosis %	_____	2841237 Provide the percent of necrosis for the sample submitted for TCGA. *Check with the BCR to confirm the current acceptable TCGA metrics.*

Question #	Data Element Label	Data Entry Alternatives	CDE ID With Working Instructions
31*	Top Slide/Digital Image ID #	_____	2321277 Provide the slide ID for the physical top slide OR the digital slide image being sent to the BCR.
Normal Information: A normal control must be present to qualify			
32*	Type of Normal Control	☐ Whole Blood ☐ Lymphocytes (Buffy Coat) ☐ Extracted DNA from Blood ☐ Extracted DNA from Bone Marrow ☐ Normal Tissue	3081936 Indicate the type of normal control submitted for TCGA. Note: Whole blood is preferred. *Normal tissue is only allowed with NCI approval.
Normal Control: Whole Blood			
33	Method of Normal Sample Procurement	☐ Blood Draw	3288147 Indicate the procedure performed to obtain the normal control sample submitted for TCGA. 3288195 (Month), 3288196 (Day), 3288197 (Year) Provide the date of the procedure performed to obtain the normal control submitted for TCGA.
34	Date of Normal Sample Procurement	____ ____ ____ ____ ____ ____ ____ ____ *Month* *Day* *Year*	
35	Number of Days from Date of Initial Pathological Diagnosis to Normal Sample Procurement	_____ days	3288496 Provide the number of days from the date the patient was diagnosed with the disease described on this form to the date of the procedure that produced the normal control sample submitted for TCGA. 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.
36	Normal Identifier	_____	3288138 Provide the TSS unique normal ID. If multiple normal control samples are submitted, each normal control needs a unique ID.
Normal Control: Lymphocytes (Buffy Coat)			
37	Method of Normal Sample Procurement	☐ Blood Draw	3288147 Indicate the procedure performed to obtain the normal control sample submitted for TCGA. 3288195 (Month), 3288196 (Day), 3288197 (Year) Provide the date of the procedure performed to obtain the normal control submitted for TCGA.
38	Date of Normal Sample Procurement	____ ____ ____ ____ ____ ____ ____ ____ *Month* *Day* *Year*	
39	Number of Days from Date of Initial Pathological Diagnosis to Normal Sample Procurement	_____ days	3288496 Provide the number of days from the date the patient was diagnosed with the disease described on this form to the date of the procedure that produced the normal control sample submitted for TCGA. 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.
40	Normal Identifier	_____	3288138 Provide the TSS unique normal ID. If multiple normal control samples are submitted, each normal control needs a unique ID.
Normal Control: Extracted DNA from Blood or Bone Marrow			
41	Method of Normal Sample Procurement	☐ Blood Draw	3288147 Indicate the procedure performed to obtain the normal sample submitted for TCGA. 3288195 (Month), 3288196 (Day), 3288197 (Year) Provide the date of the procedure performed to obtain the normal control submitted for TCGA.
42	Date of Normal Sample Procurement	____ ____ ____ ____ ____ ____ ____ ____ *Month* *Day* *Year*	
43	Number of Days from Date of Initial Pathological Diagnosis to Normal Sample Procurement	_____ days	3288496 Provide the number of days from the date the patient was diagnosed with the disease described on this form to the date of the procedure that produced the normal control sample submitted for TCGA. 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.
44	Normal Identifier	_____	3288138 Provide the TSS unique normal ID. If multiple normal control samples are submitted, each normal control needs a unique ID.

Question #	Data Element Label	Data Entry Alternatives	CDE ID With Working Instructions
45	Extracted DNA Quantity	_____	3288185 If the normal control type is extracted DNA from blood, provide the quantity (µg) of the normal control sample sent to the BCR for TCGA.
46	Extracted DNA Quantification Method	_____	3288186 If the normal control type is extracted DNA from blood, provide the quantification method of the normal control sample sent to the BCR for TCGA.
47	Extracted DNA Concentration	_____	3288187 If the normal control type is extracted DNA from blood, provide the concentration (µg/ µL) of the normal control sample sent to the BCR for TCGA.
48	Extracted DNA Volume	_____	3288188 If the normal control type is extracted DNA from blood, provide the volume (µL) of the normal control sample sent to the BCR for TCGA.
Normal Control: Normal Tissue			
49	Method of Normal Sample Procurement	☐ Incisional Biopsy ☐ Core Biopsy ☐ Excisional Biopsy ☐ Other Method (specify)	3288147 Indicate the procedure performed to obtain the normal sample submitted for TCGA.
50	Other Method of Normal Sample Procurement	_____	3288151 If the procedure performed to obtain the normal sample is not included in the provided list, specify the procedure.
51	Date of Normal Sample Procurement	____ ____ ____ ____ ____ ____ ____ ____ *Month* *Day* *Year*	3288195 (Month), 3288196 (Day), 3288197 (Year) Provide the date of the procedure performed to obtain the normal control submitted for TCGA.
52	Number of Days from Date of Initial Pathological Diagnosis to Normal Sample Procurement	_____ days	3288496 Provide the number of days from the date the patient was diagnosed with the disease described on this form to the date of the procedure that produced the normal control sample submitted for TCGA. 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.
53	Normal Identifier	_____	3288138 Provide the TSS unique normal ID. If multiple normal control samples are submitted, each normal control needs a unique ID.
54	Other Anatomic Site of Non-Neoplastic Control Tissue	_____	3288189 If the normal control type is normal tissue specify the site of the non-neoplastic control.
55	Normal Slide ID #	_____	3288217 If the normal control type is normal tissue, provide the slide ID for the physical top slide OR the digital slide image of the normal control being sent to the BCR.
Verification *By providing the information below, the Principal Investigator acknowledges that the information provided by the institution is true and correct and has been quality controlled.*			
56*	Name of Pathologist	_____	3288225 Provide the name of the Pathologist that reviewed the top slide and provided the information for all previous sections.
57	Date of Pathologist Review	☐☐/☐☐/☐☐☐☐ **(MM/DD/YYYY)**	3288224 Provide the date of the pathology review performed by the TSS pathologist above.
58	Number of Days from Date of Initial Pathologic Diagnosis to Date of Pathological Review	_____	3288497 Provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the date of the pathological review performed as part of the submission process for TCGA. 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.
59*	Tumor Nuclei meets TCGA metrics	☐ Yes ☐ No	3288520 Confirm that the malignant sample submitted to the BCR meets the current tumor nuclei metrics for TCGA. Check with the BCR to confirm the current acceptable TCGA metrics.

Question #	Data Element Label	Data Entry Alternatives	CDE ID With Working Instructions
60*	Tumor Necrosis meets TCGA metrics	☐ Yes ☐ No	3288524 Confirm that the malignant sample submitted to the BCR meets the current necrosis metrics for TCGA. Check with the BCR to confirm the current acceptable TCGA metrics.
61*	De-Identified Pathology Report Submitted?	☐ Yes ☐ No	3288292 Confirm that a de-identified pathology report will be sent to BCR prior to or with the shipment of the physical samples. Note: For lymphoma patient, the report documenting the results of the B and T-cell markers (i.e. immunohistochemistry (IHC) and/or Flow Cytometry should be included with the copy of the pathology report.
62*	Is the histologic diagnosis on the CQCF (as determined by the TSS pathology review of the TCGA frozen section top slide) consistent with the histology listed in the final diagnosis on the pathology report?	☐ Yes (*skip related question below.)* ☐ No *(See note at right)*	3288300 Confirm that the diagnosis provided on this CQCF for the tumor sample being submitted to TCGA is consistent with the diagnosis found on the patient's pathology report for the tumor being sent to the BCR. Note: The diagnosis is considered to be consistent if at least one of the following criteria are met: 1. Diagnosis on the CQCF is identical to the pathology report for the tumor being sent to the BCR. 2. Diagnosis on the CQCF includes at least one of the subtypes listed on the pathology report and all subtypes on the pathology report are acceptable for TCGA. 3. Diagnosis on the CQCF is "histology, NOS" (i.e. Adenocarcinoma, NOS) and the pathology report lists a specific subtype within the same histological group. 4. Diagnosis on the CQCF indicates "Mixed Subtype" and the pathology report lists two or more acceptable subtypes, provided that percent subtype(s) meet applicable TCGA disease-specific requirements.
63	If the diagnosis on this form is not consistent with the provided pathology report, indicate the reason for the inconsistency.	☐ Macrodissection performed at TSS to select for a region containing an acceptable TCGA diagnosis. ☐ Pathology analysis at TSS determined a specific histological subtype different from original path report (see note at right) ☐ Pathology review of frozen section for TCGA determined histological subtype different from the pathology report (see note at right)	3288315 If the diagnosis provided on this form is not consistent with the diagnosis found on the patient's pathology report for the tumor being submitted for TCGA, specify a reason for this inconsistency. Note: If a TSS pathology review of the TCGA committed sample resulted in a different histological subtype than what is documented on the pathology report, an amendment to the pathology report should be submitted when the sample is shipped to the BCR; or in the absence of an amended pathology report, the TSS must complete and submit an electronic copy of the "TCGA Pathologic Diagnosis Discrepancy Form." In the case of diagnosis modifications, institution protocol should be followed for proper quality assurance
64*	History of Neo-Adjuvant Treatment to Tumor Specimen Submitted for TCGA	☐ No ☐ Radiation Prior to Sample Procurement ☐ Pharmaceutical Treatment Prior to Sample Procurement ☐ Both Pharmaceutical and Radiation Treatment Prior to Sample Procurement	3382737 Indicate whether the patient received therapy for this cancer prior to sample procurement of the tumor submitted for TCGA. If the patient did receive treatment for this cancer prior to procurement, the TSS should contact the BCR for further instructions. Note: Systemic treatment and certain localized therapies (those administered to the same site as the TCGA submitted tissue) given prior to procurement of the sample submitted for TCGA are exclusionary.
65*	Has the Patient Had Any Prior Cancer Diagnosed?	☐ No ☐ History of Prior Malignancy ☐ History of Synchronous / Bilateral Malignancy	3382736 Indicate whether the patient has a history of prior malignancies. Note 1: If this question cannot be answered because the answer is unknown, the case will be excluded from TCGA. Note 2: If the patient has any history of prior

Question #	Data Element Label	Data Entry Alternatives	CDE ID With Working Instructions
			malignancies, including synchronous or bilateral malignancies, please complete an "Other Malignancy Form" for each malignancy diagnosed prior to the procurement of the tissue submitted for TCGA. If the patient has a history of multiple diagnoses of basal and/or squamous cell skin cancers, complete an "Other Malignancy Form" for the first diagnosis for each of these types.
66*	Is Patient HIV Positive (+)?	☐ Positive ☐ Not Evaluated ☐ Negative ☐ Unknown	2180464 Indicate whether the patient is HIV positive (+) or negative (-). Note: If patient is HIV+, this is an exclusionary criterion.
67*	Consent Status	☐ Consented ☐ Exemption 4 ☐ Deceased ☐ Waiver	3288361 Indicate whether the patient was formally consented, consented by death, or if the case has an exemption or waiver for consent. Note: If the patient formally consented, only supply the date of patient consent.
Date of Consent		***Note:*** *Do not answer this question if the patient consented by death only.*	
68	Date of Consent	_____ _____ _____ _____ _____ _____ _____ _____ *Month* *Day* *Year*	3081955 (Month), 3081957 (Day), 3081959 (Year) If the patient was formally consented, provide the date of consent.
69	Number of Days from Date of Initial Pathologic Diagnosis to Date of Consent	_____	3288498 If the patient formally consented, provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the date of the patient's formal consent. 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.
Date of Death		***Note****: If the patient formally consented, only provide the date of patient consent.*	
70	Date of Death	_____ _____ _____ _____ _____ _____ _____ _____ *Month* *Day* *Year*	2897026 (Month), 2897028 (Day), 2897030 (Year) If the patient consented by death, provide the date of death.
71	Number of Days from Date of Initial Pathologic Diagnosis to Date of Death	_____	3288499 If the patient consented by death, provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the date of the patient's death. Note 1: 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. Note 2: 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.

Comments:

_____

_____

_____

Principal Investigator Name: _____ Principal Investigator Signature: _____

Date Signed (MM/DD/YYYY): _____