# Case Quality Control Form (CQCF): Kidney

*V4.81*

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.*

| Question # | Data Element Label | Data Entry Alternatives | CDE ID With Working Instructions |
|---|---|---|---|
| 1 | Has this TSS received permission from the NCI to provide time intervals as a substitute for requested dates on this form?* | ☐ Yes<br>☐ 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.<br>***Note 1: Provided time intervals must begin with the date of initial pathological diagnosis (i.e. biopsy or resection).***<br>***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.*** |
| 2 | Histologic Subtype* | ☐ Kidney Chromophobe Renal Cell Carcinoma<br>☐ Kidney Clear Cell Renal Carcinoma<br>☐ Kidney Papillary Renal Cell Carcinoma | 3081934<br>Indicate the histologic subtype for the kidney tumor sample being submitted to TCGA.<br>***Note: The listed histologies are the only acceptable histologies being accepted for the renal TCGA Project.*** |
| 3 | Maximum Tumor Dimension (in centimeters)* | _____ | 64215<br>Provide the largest dimension/diameter of the entire tumor, as reported on the TSS pathology report. |
| 4 | Tumor Type* | ☐ Primary | 3288124<br>Confirm that the tumor being submitted to TCGA is a primary untreated malignant biospecimen. |
| 5 | What type of tumor is being submitted? | ☐ Frozen Sample<br>☐ Extracted DNA from FFPE Block | 3812626<br>Indicate the type of sample is being submitted. |
| 6 | Laterality (Anatomic Site of Frozen Biospecimen) * | ☐ Right Kidney<br>☐ Left Kidney | 827<br>Indicate the laterality (anatomic site of the frozen tumor) submitted for TCGA. |
| **Date of Sample Procurement** | | | |
| 7 | Month of Sample Procurement | ☐☐ (MM) | 3008197<br>Provide the month of the procedure performed to obtain the malignant tissue submitted for TCGA. |
| 8 | Day of Sample Procurement | ☐☐ (DD) | 3008195<br>Provide the day of the procedure performed to obtain the malignant tissue submitted for TCGA. |
| 9 | Year of Sample Procurement | ☐☐☐☐ (YYYY) | 3008199<br>Provide the year of the procedure performed to obtain the malignant tissue submitted for TCGA. |
| 10 | Number of Days from Date of Initial Pathological Diagnosis to Date of Cancer Sample Procurement | _____ | 3288495<br>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.<br>***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.*** |
| 11 | Method of Cancer Sample Procurement* | ☐ Open Radical Nephrectomy<br>☐ Laparoscopic Radical Nephrectomy<br>☐ Hand-Assisted Laparoscopic Radical Nephrectomy<br>☐ Open Partial Nephrectomy<br>☐ Laparoscopic Partial Nephrectomy<br>☐ Other Method *(please specify below)* | 3103514<br>Indicate the procedure performed to obtain the malignant tissue submitted for TCGA. |
| 12 | Other Method of Cancer Sample Procurement | _____ | 2006730<br>If the procedure performed to obtain the malignant tissue is not included in the provided list, specify the procedure. |
| 13 | Country of Cancer Sample Procurement* | _____ | 3203072<br>Provide the country where the tissue submitted for TCGA was procured. |

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|---|---|---|---|
| 14 | Race | ☐ American Indian or Alaska Native<br>*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.*<br>☐ Asian<br>*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.*<br>☐ White<br>*A person having origins in any of the original peoples of the far Europe, the Middle East, or North Africa.*<br>☐ Black or African American<br>*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."*<br>☐ Native Hawaiian or other Pacific Islander:<br>*A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*<br>☐ Not Reported: *Not provided or available.*<br>☐ Unknown: *Could not be determined or unsure.* | 2192199<br>Provide the patient's race using the defined categories. |
| 15 | Ethnicity | ☐ Not Hispanic or Latino<br>*A person not meeting the definition of Hispanic or Latino.*<br>☐ Hispanic or Latino<br>*A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.*<br>☐ Not Evaluated<br>*Not provided or available.*<br>☐ Unknown<br>*Could not be determined or unsure.* | 2192217<br>Provide the patient's ethnicity using the defined categories. |
| 16 | Vessel Used* | ☐ Cryovial<br>☐ Cryomold<br>☐ Cassette<br>☐ Biospecimen Storage Bag<br>☐ Other vessel (*please specify below*) | 3081940<br>Indicate the type of vessel used to ship the tissue to the Biospecimen Core Resource (BCR) for TCGA. |
| 17 | Other Vessel Used | _____ | 3288137<br>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. |
| 18 | Is tumor sample being submitted for macrodissection? | ☐ Yes ☐ No | 3288488<br>Indicate whether the tumor sample submitted to the BCR is intended to undergo macrodissection after the BCR receives the sample. |
| 19 | Was sample prescreened at site?* | ☐ Yes<br>☐ No | 3081942<br>Indicate whether the sample submitted to the BCR was prescreened at the TSS. |
| 20 | Types of Slides Submitted | ☐ Physical Top Slide<br>☐ Digital Top Slide Image<br>☐ FFPE Top Slide<br>☐ FFPE Top Slide Image | 3521909<br>Indicate the type(s) of slides the TSS will be or has already submitted to the BCR. |
| 21 | Slide/Digital Image ID | _____ | 2321277<br>Provide a unique identifier for each submitted slide or digital image. |

| Question # | Data Element Label | Data Entry Alternatives | CDE ID With Working Instructions |
|---|---|---|---|
| 22 | Tumor Identifier* | _____ | 3288096<br>Provide the TSS unique tumor ID. If multiple pieces of tumor are submitted, each tumor needs a unique ID. |
| 23 | Weight of Frozen Tumor* | _____ | 3081946<br>Provide the weight of the tumor sample submitted for TCGA.<br>***Note: (0.2cm$^3$ (0.6cm * 0.6cm * 0.6cm) = ~200mg*** |
| 24 | Tumor Nuclei %* | _____ | 2841225<br>Provide the percent of tumor nuclei for the sample submitted for TCGA.<br>***Note: Check with the BCR to confirm the current acceptable TCGA metrics.*** |
| 25 | Tumor Necrosis %* | _____ | 2841237<br>Provide the percent of necrosis for the sample submitted for TCGA.<br>*Check with the BCR to confirm the current acceptable TCGA metrics.* |
| **Extracted DNA from FFPE Block:** *Only answer these questions if submitting DNA from an FFPE Block.* | | | |
| 26 | Extracted DNA Quantity | _____ (µg) | 3288185<br>If extracted DNA from an FFPE block was submitted, provide the quantity (µg) of the sample sent to the BCR for TCGA. |
| 27 | Extracted DNA Quantification Method | _____ | 3288186<br>If extracted DNA from an FFPE block was submitted, provide the quantification method of the sample sent to the BCR for TCGA. |
| 28 | Extracted DNA Concentration | _____ (µg/µL) | 3288187<br>If extracted DNA from an FFPE block was submitted, provide the concentration (µg/ µL) of the sample sent to the BCR for TCGA. |
| 29 | Extracted DNA Volume | _____ (µL) | 3288188<br>If extracted DNA from an FFPE block was submitted, provide the volume (µL) of the sample sent to the BCR for TCGA. |
| **Normal Information** *A normal control must be present to qualify* | | | |
| 30 | Type(s) of Normal Control* | ☐ Whole Blood<br>☐ Lymphocytes (Buffy Coat)<br>☐ Extracted DNA from Blood<br>☐ Normal Tissue | 3081936<br>Indicate the type of normal control submitted for TCGA.<br>***Note: Whole Blood is preferred. Non-Neoplastic Control Tissue can only be submitted with NCI approval.*** |
| 31 | Method of Normal Sample Procurement | ☐ Blood Draw<br>☐ Open Radical Nephrectomy<br>☐ Laparoscopic Radical Nephrectomy<br>☐ Hand-Assisted Laparoscopic Radical Nephrectomy<br>☐ Open Partial Nephrectomy<br>☐ Laparoscopic Partial Nephrectomy<br>☐ Other Method *(please specify below)* | 3288147<br>Indicate the procedure performed to obtain the normal sample submitted for TCGA. |
| 32 | Other Method of Normal Sample Procurement | _____ | 3288151<br>If the procedure performed to obtain the normal sample is not included in the provided list, specify the procedure. |
| 33 | Extracted DNA Quantity | _____ | 3288185<br>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. |
| 34 | Extracted DNA Quantification Method | _____ | 3288186<br>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. |
| 35 | Extracted DNA Concentration | _____ | 3288187<br>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. |
| 36 | Extracted DNA Volume | _____ | 3288188<br>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. |
| **Date of Normal Sample Procurement** | | | |

| Question # | Data Element Label | Data Entry Alternatives | CDE ID With Working Instructions |
|---|---|---|---|
| 37 | Month of Normal Sample Procurement | ☐☐ (MM) | 3288195<br>Provide the month of the procedure performed to obtain the normal control submitted for TCGA. |
| 38 | Day of Normal Sample Procurement | ☐☐ (DD) | 3288196<br>Provide the day of the procedure performed to obtain the normal control submitted for TCGA. |
| 39 | Year of Normal Sample Procurement | ☐☐☐☐ (YYYY) | 3288197<br>Provide the year of the procedure performed to obtain the normal control submitted for TCGA. |
| 40 | Number of Days from Date of Initial Pathological Diagnosis to Date of Normal Sample Procurement | _____ | 3288496<br>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 for TCGA.<br>***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.*** |
| 41 | Normal Identifier | _____ | 3288138<br>Provide the TSS unique normal ID. If multiple normal control samples are submitted, each normal control needs a unique ID. |
| 42 | Anatomic Site of Non-Neoplastic Control Tissue | ☐ Right Kidney ☐ Medulla<br>☐ Left Kidney ☐ Mixed<br>☐ Cortex<br>☐ Other (*please specify below*) | 3081938<br>If the normal control type is normal tissue, indicate the anatomic site of the non-neoplastic control tissue submitted for TCGA.<br>Note: Site matched is preferred. |
| 43 | Other Anatomic Site of Non-Neoplastic Control Tissue | _____ | 3288189<br>If the normal control type is normal tissue and the anatomic site is not included in the provided list, specify the site of the non-neoplastic control. |
| 44 | Proximity of Normal Tissue to Tumor | ☐ Distal (≥ 2 cm) from the primary tumor | 3088708<br>Indicate the distance between the tumor tissue and the normal control tissue that was procured for matching normal DNA.<br>***Note: Adjacent (<2cm) normal tissue is not accepted for this tissue type. Unknown normal tissue is not accepted for this tissue type.*** |
| 45 | Normal Slide ID # | _____ | 3288217<br>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.* | | | |
| 46 | Name of Pathologist | _____ | 3288225<br>Provide the name of the Pathologist that reviewed the top slide and provided the information for all previous sections. |
| 47 | Date of Pathologist Review | ☐☐/☐☐/☐☐☐☐ (MM/DD/YYYY) | 3288224<br>Provide the date of the pathology review performed by the TSS pathologist above. |
| 48 | Number of Days from Date of Initial Pathological Diagnosis to Date of Pathological Review | _____ | 3288497<br>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.<br>***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.*** |
| 49 | Percent Tumor Nuclei meets TCGA metrics?* | ☐ Yes<br>☐ No | 3288520<br>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. |
| 50 | Percent Tumor Necrosis meets TCGA metrics?* | ☐ Yes<br>☐ No | 3288524<br>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. |

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| 51 | De-Identified Pathology Report Submitted?* | ☐ Yes<br>☐ No | 3288292<br>Confirm that a de-identified pathology report will be sent to BCR prior to or with the shipment of the physical samples. |
| 52 | 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)<br>☐ No (see note at right) | 3288300<br>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.<br>***Note: The diagnosis is considered to be consistent if at least one of the following criteria are met:***<br>***1) Diagnosis on the CQCF is identical to the pathology report for the tumor being sent to the BCR.***<br>***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.***<br>*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.***<br>*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.*** |
| 53 | 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.<br>☐ Pathology analysis at TSS determined a specific histological subtype different from original path report (see note at right)<br>☐ Pathology review of frozen section for TCGA determined histological subtype different from the pathology report (see note at right) | 3288315<br>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.<br>***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*** |
| 54 | History of Neo-Adjuvant Treatment to Tumor Specimen Submitted for TCGA* | ☐ No<br>☐ Radiation Prior to Sample Procurement<br>☐ Pharmaceutical Treatment Prior to Sample Procurement<br>☐ Both Pharmaceutical and Radiation Treatment Prior to Sample Procurement | 3382737<br>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.<br>***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.*** |
| 55 | Has the Patient Had Any Prior Cancer Diagnosed? | ☐ None<br>☐ History of Prior Malignancy<br>☐ History of Synchronous / Bilateral Malignancy | 3382736<br>Indicate whether the patient has a history of prior malignancies.<br>***Note 1: If this question cannot be answered because the answer is unknown, the case will be excluded from TCGA.***<br>***Note 2: If the patient has any history of prior 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.*** |
| 56 | Consent Status* | ☐ Consented<br>☐ Deceased<br>☐ Exemption 4<br>☐ Waiver | 3288361<br>Indicate whether the patient was formally consented, consented by death, or if the case has an exemption or waiver for consent.<br>***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.* | | |

| Question # | Data Element Label | Data Entry Alternatives | CDE ID With Working Instructions |
|---|---|---|---|
| 57 | Month of consent | ☐☐ (MM) | 3081955<br>If the patient was formally consented, provide the month of consent. |
| 58 | Day of consent | ☐☐ (DD) | 3081957<br>If the patient was formally consented, provide the day of consent. |
| 59 | Year of consent | ☐☐☐☐ (YYYY) | 3081959<br>If the patient was formally consented, provide the year of consent. |
| 60 | Number of Days from Date of Initial Pathological Diagnosis to Date of Consent | _____ | 3288498<br>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.<br>***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.* | | |
| 61 | Month of death | ☐☐ (MM) | 2897026<br>If the patient consented by death, provide the month of death. |
| 62 | Day of death | ☐☐ (DD) | 2897028<br>If the patient consented by death, provide the day of death |
| 63 | Year of death | ☐☐☐☐ (YYYY) | 2897030<br>If the patient consented by death, provide the year of death. |
| 64 | Number of Days from Date of Initial Pathological Diagnosis to Date of Death | _____ | 3288499<br>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.<br>***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.***<br>***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:

_____

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_____

Principal Investigator Name: _____ Principal Investigator Signature: _____

Date Signed (MM/DD/YYYY): _____