
 NATIONAL CANCER INSTITUTE  Biorepositories and Biospecimen Research Branch		Biospecimen Pre-Analytical Variables (BPV) BPV Candidate Screening Form	
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Candidate ID:

Form Completed By:

Date Form Was Completed:

(MM/DD/YYYY)

1. **Site Protocol Number:**
2. **Name of person who performed screening:**
3. **Does the participant meet all eligibility criteria defined within the study protocol?**

Select One:

Yes

No – **Choose Option for Reason Given:**

Not age of majority for institution/state

Tumor is metastasis from another tissue or organ

Size of the tumor

Participant received or is undergoing chemotherapy or radiation for any previous or current cancer

Other, specify

4. **Was consent obtained?**

Select One:

Yes

No – **Choose Option for Reason Given:**

Religious reasons

Not recommended by surgeon

Felt pressured

Too distraught at the time

Needed more time to make decision

Uncomfortable with risks

Afraid it may affect surgery

Disagree with bio-banking

Patient did not show up as scheduled

Other – **Specify other reason:**

5. **Name of person consenting candidate:**

6. **Comments to Consent Section:**