

**PR-0009-F5**
**VER. 03.01**
**Effective Date: 07/16/2014**

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Tissue Bank ID: \_\_\_\_\_

Form Completed By: \_\_\_\_\_

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 (MM/DD/YYYY)

**History of cancer in patient or blood relatives**
**1. Does the participant have a history of prior malignancy?**

Select One:

- ☐ Yes – (Enter details below)  
☐ No  
☐ Unknown

Enter each previous cancer diagnosis in a separate row. Add any additional diagnoses to the Comments on the last page of this form.

**Description of diagnosis:**
**When diagnosis was received. Date if known, or how long ago.**

 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (MM/DD/YYYY)

**OR**

 Time since diagnosis was received: \_\_\_\_\_  
 (in years)

**Description of diagnosis:**
**When diagnosis was received. Date if known, or how long ago.**

 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (MM/DD/YYYY)

**OR**

 Time since diagnosis was received: \_\_\_\_\_  
 (in years)

**Description of diagnosis:**
**When diagnosis was received. Date if known, or how long ago.**

 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (MM/DD/YYYY)

**OR**

 Time since diagnosis was received: \_\_\_\_\_  
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**2. Enter participant's blood relatives who have had a history of cancer in a separate row. Add any additional diagnoses to the Comments on the last page of this form.**

- ☐ Aunt      Type of cancer: \_\_\_\_\_
- ☐ Brother      Type of cancer: \_\_\_\_\_
- ☐ Daughter      Type of cancer: \_\_\_\_\_
- ☐ Father      Type of cancer: \_\_\_\_\_
- ☐ Mother      Type of cancer: \_\_\_\_\_
- ☐ Sister      Type of cancer: \_\_\_\_\_
- ☐ Son      Type of cancer: \_\_\_\_\_
- ☐ Uncle      Type of cancer: \_\_\_\_\_
- ☐ Grandmother      Type of cancer: \_\_\_\_\_
- ☐ Grandfather      Type of cancer: \_\_\_\_\_
- ☐ Nephew      Type of cancer: \_\_\_\_\_
- ☐ Niece      Type of cancer: \_\_\_\_\_
- ☐ Other - specify      Type of cancer: \_\_\_\_\_

**Specify Other blood relative:**

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**3. Does the participant have an immunosuppressive issue (HIV, organ transplant, steroid use, etc)?**

Select One:

- ☐ Yes – **Check all that apply below**
- ☐ No
- ☐ Unknown

Check all that apply:

- ☐ HIV
- ☐ Organ transplant
- ☐ Chronic systemic steroid use
- ☐ Other - specify

**Specify Other immunosuppressive issue:**

**4. Has the participant received radiation therapy prior to surgery?**

Select One:

- ☐ Yes – **Describe radiation therapy below**
- ☐ No
- ☐ Unknown

**Describe each radiation therapy the participant received prior to surgery in a separate row. Add any additional radiation treatment to the comments section on the last page of this form.**

**Description of radiation therapy:**

**When radiation therapy was received. Date if known, or how long ago.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (MM/DD/YYYY)

**OR**

Time since radiation therapy was received:  
 \_\_\_\_\_ (in years)

**Description of radiation therapy:**

**When radiation therapy was received. Date if known, or how long ago.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (MM/DD/YYYY)

**OR**

Time since radiation therapy was received:  
 \_\_\_\_\_ (in years)

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**5. Has the participant received chemotherapy prior to surgery:**

Select One:

- ☐ Yes – **Describe chemotherapy below**
- ☐ No
- ☐ Unknown

Describe each chemotherapy treatment the participant received prior to surgery in a separate row.  
 Add any additional chemotherapy treatment to the comments section on the last page of this form.

**Description of chemotherapy:**

When chemotherapy was received. Date if known, or how long ago.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (MM/DD/YYYY)

OR

Time since chemotherapy was received:  
 \_\_\_\_\_ (in years)

**Description of chemotherapy:**

When chemotherapy was received. Date if known, or how long ago.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (MM/DD/YYYY)

OR

Time since chemotherapy was received:  
 \_\_\_\_\_ (in years)

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**6. Has the participant received immunotherapy prior to surgery:**

Select One:

- ☐ Yes – **Describe immunotherapy below**  
☐ No  
☐ Unknown

Describe each immunotherapy the participant received prior to surgery in a separate row. Add any additional immunotherapy treatment to the comments section on the last page of this form.

**Description of immunotherapy:**
**When immunotherapy was received. Date if known, or how long ago.**

 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 (MM/DD/YYYY)

**OR**
**Time since immunotherapy was received:**  
 \_\_\_\_\_ (in years)

**Description of immunotherapy:**
**When immunotherapy was received. Date if known, or how long ago.**

 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 (MM/DD/YYYY)

**OR**
**Time since immunotherapy was received:**  
 \_\_\_\_\_ (in years)

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**7. Has the participant received hormonal therapy prior to surgery?**

Select One:

- ☐ Yes—**Describe hormonal therapy below**
- ☐ No
- ☐ Unknown

**Describe each hormonal therapy the participant received prior to surgery in a separate row. Add any additional hormonal therapy treatment to the comments section on the last page of this form.**

**Description of hormonal therapy:**

**When hormonal therapy was received. Date if known, or how long ago.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (MM/DD/YYYY)

OR

**Time since hormonal therapy was received:**  
 \_\_\_\_\_ (in years)

**Description of hormonal therapy:**

**When hormonal therapy was received. Date if known, or how long ago.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (MM/DD/YYYY)

OR

**Time since chemotherapy was received:**  
 \_\_\_\_\_ (in years)

**8. Was the patient exposed to environmental/workplace carcinogens (e.g., arsenic, asbestos, diesel exhaust, chromium and/or silica)?**

Select One:

- ☐ Yes (If Yes, select carcinogens that apply):
  - ☐ Exposure to arsenic
  - ☐ Exposure to asbestos
  - ☐ Exposure to diesel exhaust
  - ☐ Exposure to chromium
  - ☐ Exposure to silica
- ☐ No
- ☐ Unknown

**Describe circumstances and duration of exposure to environmental carcinogens if available:**

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**Infectious Diseases**
**9. Has the participant been diagnosed with Hepatitis B?**

- ☐ Yes
- ☐ No
- ☐ Unknown

**10. Has the participant been diagnosed with Hepatitis C?**

- ☐ Yes
- ☐ No
- ☐ Unknown

**11. Has the participant been diagnosed with HIV?**

- ☐ Yes
- ☐ No
- ☐ Unknown

**Other – (Specify):**
**12. Does the participant have a history of repeatedly reactive screening assays for HIV-1 or HIV-2 antibodies regardless of the results of supplemental assays?**

- ☐ Yes
- ☐ No
- ☐ Unknown

**Alcohol history**
**13. Alcohol consumption:**

Select One:

- ☐ Lifelong non-drinker
- ☐ Alcohol consumption equal to or less than 2 drinks per day for men and 1 drink or less per day for women
- ☐ Alcohol consumption more than 2 drinks per day for men and more than 1 drink per day for women
- ☐ Consumed alcohol in the past, but currently a non-drinker
- ☐ Alcohol consumption history not available

**14. Number of years participant has consumed more than 2 drinks per day for men and more than 1 drink per day for women: \_\_\_\_\_**

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### Tobacco Smoking History

#### 15. Tobacco smoking history:

Select One:

- ☐ Lifelong non-smoker: Less than 100 cigarettes smoked in lifetime
- ☐ Current smoker: Includes daily and non-daily smokers – **(Enter details below)**
- ☐ Current reformed smoker for more than 15 years – **(Enter details below)**
- ☐ Current reformed smoker for less than 15 years – **(Enter details below)**
- ☐ Smoking history not available

#### Tobacco smoking details

**(Complete if participant is a current or current reformed smoker)**

Enter age at which the participant started smoking: \_\_\_\_\_

Enter age at which the participant stopped smoking: \_\_\_\_\_

On the days that the participant smoked, how many cigarettes did she/he usually smoke?

\_\_\_\_\_

Number of pack years smoked. Pack years represent the lifetime tobacco exposure defined as number of cigarettes smoked per day, times the number of years smoked divided by 20:

\_\_\_\_\_

#### 16. Was the participant exposed to second-hand smoke?

Select One:

- ☐ No or minimal exposure to secondhand smoke
- ☐ Yes **(Select exposure if known)**
  - ☐ Exposure to secondhand smoke in household during participant's childhood
  - ☐ Exposure to secondhand smoke in participant's current household
- ☐ Exposure to secondhand smoke history not available



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**Clinical tumor stage group (AJCC 7th edition)**
**17. Clinical tumor stage group (AJCC 7th edition)**

Select One:

- |  |                                     |
|--|-------------------------------------|
| <input type="radio"/> Occult carcinoma | <input type="radio"/> Stage IIB     |
| <input type="radio"/> Stage 0          | <input type="radio"/> Stage IIIA    |
| <input type="radio"/> Stage IA         | <input type="radio"/> Stage IIIB    |
| <input type="radio"/> Stage IB         | <input type="radio"/> Stage IV      |
| <input type="radio"/> Stage IIA        | <input type="radio"/> Not Available |

**Record Karnofsky Score or Eastern Cancer Oncology Group (ECOG) Score**
**18. Performance status scale recorded:**

Select One:

- ☐ Karnofsky Score (**complete Karnofsky score section below**)
- ☐ Eastern Cancer Oncology Group (**complete ECOG Score section below**)
- ☐ Not Recorded

**Karnofsky score**

Select One:

- ☐ 100: asymptomatic
- ☐ 80-90: symptomatic but fully ambulatory
- ☐ 60-70: symptomatic but in bed less than 50% of the day
- ☐ 40-50: symptomatic, in bed more than 50% of the day, but not bed ridden
- ☐ 20-30: bed ridden

**Eastern Cancer Oncology Group (ECOG) score**

Select One:

- ☐ 0: asymptomatic
- ☐ 1: symptomatic but fully ambulatory
- ☐ 2: symptomatic but in bed less than 50% of the day
- ☐ 3: symptomatic, in bed more than 50% of the day, but not bed ridden
- ☐ 4: bed ridden

**19. Timing of score:**

Select One:

- ☐ Preoperative
- ☐ Pre-adjuvant therapy
- ☐ Post adjuvant therapy
- ☐ Unknown
- ☐ Other (specify)

**Specify other timing of score:**

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**20. Comments:**