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|  NATIONAL CANCER INSTITUTE  Biorepositories and Biospecimen Research Branch | | Biospecimen Pre-Analytical Variables (BPV) Case Quality Review Form | |
| PR-0009-F9 | VER. 03.00 | Effective Date: 03/11/2013 | Page 1 of 2 |

BPV Case ID _____ Form Completed By: _____

Affix BPV Case ID Barcode Label

Tissue Bank ID: _____ Date Form Was Completed: ____/____/____
 (MM/DD/YYYY)

1. Did the participant sign and date the informed consent for HRRC/IRB#11-279?

Select one:

- ☐ Yes
☐ No

2. Were the minimum required pre-operative RNA and DNA PAXgene™ tubes collected?

Select one:

- ☐ Yes
☐ No

3. Were the desired plasma and serum aliquots obtained?

Select one:

- ☐ Yes
☐ No

4. Was the priority 1 tumor module collected?

Select one:

- ☐ Yes
☐ No

5. Were additional priority modules collected?

Select one:

- ☐ Yes
☐ No

6. Was local pathology review of the hematoxylin and eosin slide derived from quality control formalin-fixed, paraffin-embedded tumor tissue completed?

Select one:

- ☐ Yes
☐ No

7. Was local pathology review consistent with the findings of the biospecimen source site diagnostic pathology report for the case?

Select one:

- ☐ Yes
☐ No

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BPV Case ID _____ Tissue Bank ID: _____

Form Completed By: _____ Date Form Was Completed: ____/____/____
(MM/DD/YYYY)

8. Was clinical data entry completed?

Select one:

- ☐ Yes
☐ No

9. Did the required tumor module satisfy the project criteria of necrosis percentage of <20% and tumor content of ≥50% tumor cells by surface area?

Select one:

- ☐ Yes
☐ No

10. Does this case meet all requirements for the BPV Tissue Acquisition Variables Project, and is it released for shipment?

Select one:

- ☐ Yes
☐ No

11. Was case stopped?

Select one:

- ☐ Yes
☐ No

If case was stopped, select reason:

- ☐ Not enough blood was collected
☐ Not enough tissue was available
☐ The tissue was too necrotic
☐ The tissue was benign
☐ The tissue was not released to the Tissue Bank
☐ Other, specify:

12. Case Quality Review Comments: