

PR-0006-F2

VER. 03.03

Effective Date: 10/07/2014

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BPV Case ID: \_\_\_\_\_

Affix BPV Case ID Barcode Label

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

Date Form Was Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (MM/DD/YYYY)

Biospecimen Source Site: \_\_\_\_\_

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

Primary Organ: \_\_\_\_\_

### Receipt of Tissue in Pathology Gross Room

Tissue received in gross room from OR?

- ☐ Yes  
☐ No

1. **Date and time specimen arrived in pathology gross room from OR:**

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

\_\_\_\_:\_\_\_\_  
 (HH:MM)

2. **Specimen was received in gross room by:** \_\_\_\_\_

*Individual who received specimen in gross room.*

3. **BPV Standard Operating Procedure (SOP) governing transport of tissue from OR to pathology gross room:** \_\_\_\_\_

4. **Transport of tissue was performed per BPV Surgical Tissue Collection and Preservation SOP.**

*Select One:*



☐ Yes

☐ No — **Tissue transport comments:**

*If No is selected, note tissue transport issues or deviations from Tissue Collection and Preservation SOP.*

5. **Temperature of pathology gross room when specimen arrived from OR:** \_\_\_\_\_ °C or °F  
*(Circle temperature scale)*

6. **Humidity of pathology gross room when specimen arrived from OR:** \_\_\_\_\_ %

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**Gross Evaluation of Resected Tissue**

7. **Gross evaluation of resected tissue was performed by:**

\_\_\_\_\_

*Individual who performed gross evaluation of resected tissue.*

8. **Dimensions of resection:** \_\_\_\_\_ cm x \_\_\_\_\_ cm x \_\_\_\_\_ cm  
(H cm x W cm x D cm)

9. **Weight of resection:** \_\_\_\_\_ g

10. **Gross appearance of disease was observed in resected tissue. Select one:**

☐ Yes

☐ No



11. **Comments:**

12. **Gross diagnosis of resected tissue:** *Record gross diagnosis of resected tissue.*

13. **Photograph(s) of tissue was/were taken in pathology gross room? Select One:**

☐ Yes — **Upload tissue photographs into CDR**

☐ No — **Explain why:**

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(MM/DD/YYYY)

14. **Pathology ink used?** *Select One. If pathology ink was used, specify the type of ink.*

- ☐ Yes — **Specify the type of ink:**
- ☐ No

#### Gross Evaluation of Tumor Tissue

15. **Tumor tissue was released to the tissue bank?** *Select One:*

- ☐ Yes
- ☐ No — **Specify reason if no tumor tissue will be released to the tissue bank:**

**Notify the tissue bank if no tumor tissue will be released to the tissue bank. This participant is no longer eligible to continue in the study.**

16. **Parent tissue specimen ID:** \_\_\_\_\_

17. **Dimensions of tissue:** \_\_\_\_\_ cm x \_\_\_\_\_ cm x \_\_\_\_\_ cm  
(H cm x W cm x D cm)

Allocated for processing as:



- ☐ Module I
- ☐ Module II
- ☐ Module III
- ☐ Module IV
- ☐ Module V
- ☐ Additional tumor tissue

18. **Percentage of gross area of necrosis of material sent to tissue bank:** \_\_\_\_\_ %

19. **Percentage of tumor content of material sent to tissue bank:** \_\_\_\_\_ %

20. **Gross appearance of material sent to tissue bank:** *Select One:*

- ☐ Metastatic
- ☐ Tumor
- ☐ Tumor Center
- ☐ Tumor Edge

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(MM/DD/YYYY)

21. **Was a second piece of tumor tissue collected:** *Select One:*

- ☐ Yes
- ☐ No

22. **Dimensions of second piece of tumor tissue (if applicable):** \_\_\_\_\_ cm x \_\_\_\_\_ cm x \_\_\_\_\_ cm  
(H cm x W cm x D cm)

Allocated for processing as:

- ☐ Module I
- ☐ Module II
- ☐ Module III
- ☐ Module IV
- ☐ Module V
- ☐ Additional tumor tissue

23. **Percentage of gross area of necrosis of second piece of tumor tissue sent to tissue bank (if applicable):** \_\_\_\_\_ %

24. **Percentage of tumor content of second piece of tumor tissue sent to tissue bank (if applicable):** \_\_\_\_\_ %



25. **Gross appearance of second piece of tumor tissue sent to tissue bank (if applicable):** *Select One:*

- ☐ Metastatic
- ☐ Tumor
- ☐ Tumor Center
- ☐ Tumor Edge

26. **Do the dimensions of each experimental piece meet the criteria specified within the BPV Surgical Tissue Collection and Preservation SOP?** *Select One:*

- ☐ Yes
- ☐ No

If No, specify comments/issues with deviation from the SOP.

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**Normal Adjacent Tissue Information (If Applicable)**

27. **Normal adjacent tissue was released to the tissue bank in addition to tumor tissue?** *Select One:*

☐ Yes

☐ No

28. **Dimensions of tissue:** \_\_\_\_\_ cm x \_\_\_\_\_ cm x \_\_\_\_\_ cm  
*(H cm x W cm x D cm)*

**Transfer of Tissue to Tissue Bank**

29. **Time specimen was transferred from the pathology gross room to the tissue bank:** \_\_\_\_ : \_\_\_\_  
*(HH:MM)*