

**PR-0006-F8**

**VER. 03.01**

**Effective Date: 07/16/2014**

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

Affix BPV Case ID Barcode Label

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

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

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

Date on Which Form Was Completed:

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

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

### Specimen Receipt Overview

1. **Confirm that pre-operative/ pre-anesthesia blood samples specified in the BPV Blood Collection and Processing Standard Operating Procedure (SOP) were collected from the participant and were successfully banked in the Tissue Bank.**

**Note: If “No” is selected for this question, complete only question #2. This participant is excluded from further participation in the study. Document the reason(s) that blood was not banked in question #2.**

Select one:

- ☐ Yes
- ☐ No

2. **Reason(s) that pre-operative blood was not banked:**

Select all that apply:

- ☐ The blood was not received in the Tissue Bank
- ☐ The minimum amount of required pre-op blood was not drawn
- ☐ The minimum number of aliquots were not banked
- ☐ The blood was hemolyzed or not usable
- ☐ Other, specify:

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

Receipt and dissection of surgical tissue are expected to conform to the BPV Surgical Tissue Collection and Processing SOP. Please specify any deviations from the SOP in the Comments fields at the bottom of each section.

BPV SOP governing receipt and dissection of surgical tissue in the Tissue Bank: \_\_\_\_\_

3. Date and time at which tissue specimens were received in Tissue Bank from the Pathology Gross Room: \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_  
 (MM/DD/YYYY) (HH:MM)

4. Tissue specimens were received in Tissue Bank from the Pathology Gross Room by: \_\_\_\_\_

5. Comments/issues with tissue receipt or deviation(s) from SOP:

**Tumor Tissue Specimen Dissection Information:** Details of processing of required tumor tissue are recorded on the BPV Tissue Processing Worksheet for this BPV Case ID and Experimental Key ID pair. Note any deviations from BPV Surgical Tissue Collection and Preservation SOP in the Comments field at the bottom of this section.

6. Parent Tissue Specimen ID of the required study tumor tissue received in the Tissue Bank from the Pathology Gross Room: \_\_\_\_\_

7. Experimental Key ID: \_\_\_\_\_

8. Dissection of parent tissue specimen was performed by: \_\_\_\_\_

9. Time at which dissection of the parent tissue specimen began: \_\_\_\_:\_\_\_\_  
 (HH:MM)

10. Time at which the dissection of parent tissue specimen ended: \_\_\_\_:\_\_\_\_  
 (HH:MM)

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(MM/DD/YYYY)

**11. Gross appearance of the parent tissue specimen as determined in the Pathology Gross Room:**

Select one:

- ☐ Tumor
- ☐ Other, specify: \_\_\_\_\_

**12. Source of tumor tissue:**

**13. Tissue collection procedure:**

Select one:

- ☐ Surgical
- ☐ Core biopsy
- ☐ Needle biopsy
- ☐ Other, specify: \_\_\_\_\_

**Required Study Tissue: Fixative Information (for quality control formalin-fixed, paraffin-embedded control and experimental blocks, as applicable)**

**14. Fixative type:**

Select one:

- ☐ Buffered formalin
- ☐ Ethanol
- ☐ PAXgene™ tissue
- ☐ Other, specify: \_\_\_\_\_

**15. Fixative formula (buffer):**

**16. Fixative pH:** \_\_\_\_\_

**17. Manufacturer of fixative:** \_\_\_\_\_

**18. Fixative lot number:** \_\_\_\_\_

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(MM/DD/YYYY)

**19. Fixative lot expiration date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

**20. Fixative product number:** \_\_\_\_\_

**21. Is the fixative a commercial product or prepared in house?**

Select one:

- ☐ Commercial
- ☐ In-house
- ☐ Other, specify: \_\_\_\_\_

**22. Is the formalin fresh or recycled?**

Select one:

- ☐ Fresh
- ☐ Recycled

**23. Comments/issues with tissue receipt or deviations from SOP:**