BPV Case ID: _____

Form Completed By: _____

Case ID: _____

Affix Case ID Label

Tissue Bank ID: _____

Date Completed: __ __ /__ __ /__ __ __ __
(MM/DD/YYYY)

Tissue Bank ID: _____

Primary Organ: _____

Biospecimen Source Site: _____

1. **Parent Tissue Specimen ID:** _____

2. **Experimental Key ID:** _____

3. **Date and Time Experimental Key Barcode ID was recorded:** __ __ /__ __ /__ __ __ __ , __ __ : __ __
                                                  (MM/DD/YYYY)   (HH:MM)

4. **Edit Modules:**

   ○ Module I

   ○ Module II

   ○ Module V

   ○ Normal Adjacent Tissue

   ○ Additional Tumor Tissue

5. **Comments:**

BPV Case ID: _____   Tissue Bank ID: _____

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

Use the applicable portions of the form as follows, based upon modules collected.

Module I:
Select Priority:

- ○ Priority I

- ○ Priority II

Frozen Tissue Sample Information – (Middle Right) of Tumor Block

Barcode ID of frozen tumor tissue cryosette: _____

Date/time that the tissue sample was frozen in liquid nitrogen: __ __ / __ __ / __ __ __ __, __ __ : __ __
                                                                                  (MM/DD/YYYY)   (HH:MM)

Weight of frozen tumor block (mg): _____ mg

Module I: <1 Hour Planned Delay to Fixation Experimental Protocol A-D and Quality Control (QC) Formalin Fixed Paraffin-Embedded (FFPE) Section

QC FFPE (Middle Left): 23 hours in fixative

> **Planned Delay to Fixation Time: <1 hour**

> **Record Cassette ID: First Scan:** _____

> **Date/Time That Cassette Was First Scanned or Recorded:** __ __ / __ __ / __ __ __ __, __ __ : __ __
>   (MM/DD/YYYY)   (HH:MM)

> **Date/Time That Cassette Was Placed In Fixative:** __ __ / __ __ / __ __ __ __, __ __ : __ __
>   (MM/DD/YYYY)   (HH:MM)

> **Delay to Fixation Time:** __ __ : __ __
>   (HH:MM)

Protocol A: 6 hours in fixative

> **Planned Delay to Fixation Time: <1 hour**

> **Record Cassette ID: First Scan:** _____

> **Date/Time That Cassette Was First Scanned or Recorded:** __ __ / __ __ / __ __ __ __, __ __ : __ __
>   (MM/DD/YYYY)   (HH:MM)

> **Date/Time That Cassette Was Placed In Fixative:** __ __ / __ __ / __ __ __ __, __ __ : __ __
>   (MM/DD/YYYY)   (HH:MM)

> **Delay to Fixation Time:** __ __ : __ __
>   (HH:MM)

BPV Case ID: _____   Tissue Bank ID: _____

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

Protocol B: 12 hours in fixative

Planned Delay to Fixation Time: <1 hour

Record Cassette ID: First Scan: _____

Date/Time That Cassette Was First Scanned or Recorded: __ __ /__ __/__ __ __ __ , __ __ : __ __
                                                                                                (MM/DD/YYYY)   (HH:MM)

Date/Time That Cassette Was Placed In Fixative: __ __ /__ __/__ __ __ __ , __ __ : __ __
                                                                                      (MM/DD/YYYY)   (HH:MM)

Delay to Fixation Time: __ __ : __ __
                                            (HH:MM)

Protocol C: 23 hours in fixative

Planned Delay to Fixation Time: <1 hour

Record Cassette ID: First Scan: _____

Date/Time That Cassette Was First Scanned or Recorded: __ __ /__ __/__ __ __ __ , __ __ : __ __
                                                                                                (MM/DD/YYYY)   (HH:MM)

Date/Time That Cassette Was Placed In Fixative: __ __ /__ __/__ __ __ __ , __ __ : __ __
                                                                                      (MM/DD/YYYY)   (HH:MM)

Delay to Fixation Time: __ __ : __ __
                                            (HH:MM)

Protocol D:72 hours in fixative

Planned Delay to Fixation Time: <1 hour

Record Cassette ID: First Scan: _____

Date/Time That Cassette Was First Scanned or Recorded: __ __ /__ __/__ __ __ __ , __ __ : __ __
                                                                                                (MM/DD/YYYY)   (HH:MM)

Date/Time That Cassette Was Placed In Fixative: __ __ /__ __/__ __ __ __ , __ __ : __ __
                                                                                      (MM/DD/YYYY)   (HH:MM)

Delay to Fixation Time: __ __ : __ __
                                            (HH:MM)

BPV Case ID: _____   Tissue Bank ID: _____

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

Module I: <1 Hour Planned Delay to Fixation Experimental Protocol A-D and QC FFPE Section.
Continue Entering Data for Protocol A-D Cassettes and QC FFPE Section.

QC FFPE (Middle Left): 23 hours in fixative

> **Date/Time Cassette Was Placed in Processor:** __ __ /__ __/__ __ __ __, __ __ : __ __
>   (MM/DD/YYYY)   (HH:MM)

> **Date/Time Tissue Processor Cycle Ended:** __ __ /__ __/__ __ __ __, __ __ : __ __
>   (MM/DD/YYYY)   (HH:MM)

> **Actual Time in Fixative (Minutes)**: _____ minutes

> **Date/Time Tissue Cassettes Were Removed From Tissue Processor:**
> __ __ /__ __/__ __ __ __, __ __ : __ __
>   (MM/DD/YYYY)   (HH:MM)

> **Date/Time Tissue Embedding Was Started:** __ __ /__ __/__ __ __ __, __ __ : __ __
>   (MM/DD/YYYY)   (HH:MM)

> **Time Between Tissue Processor Cycle Completion and Embedding:** __ __ : __ __
>   (HH:MM)

Protocol A: 6 hours in fixative

> **Date/Time Cassette Was Placed in Processor:** __ __ /__ __/__ __ __ __, __ __ : __ __
>   (MM/DD/YYYY)   (HH:MM)

> **Date/Time Tissue Processor Cycle Ended:** __ __ /__ __/__ __ __ __, __ __ : __ __
>   (MM/DD/YYYY)   (HH:MM)

> **Actual Time in Fixative (Minutes)**: _____ minutes

> **Date/Time Tissue Cassettes Were Removed From Tissue Processor:**
> __ __ /__ __/__ __ __ __, __ __ : __ __
>   (MM/DD/YYYY)   (HH:MM)

> **Date/Time Tissue Embedding Was Started:** __ __ /__ __/__ __ __ __, __ __ : __ __
>   (MM/DD/YYYY)   (HH:MM)

> **Time Between Tissue Processor Cycle Completion and Embedding:** __ __ : __ __
>   (HH:MM)

BPV Case ID: _____   Tissue Bank ID: _____

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

Protocol B: 12 hours in fixative

Date/Time Cassette Was Placed in Processor: __ __ / __ __ / __ __ __ __ , __ __ : __ __
                                                                              (MM/DD/YYYY)   (HH:MM)

Date/Time Tissue Processor Cycle Ended: __ __ / __ __ / __ __ __ __ , __ __ : __ __
                                                                          (MM/DD/YYYY)   (HH:MM)

Actual Time in Fixative (Minutes): _____ minutes

Date/Time Tissue Cassettes Were Removed From Tissue Processor:
__ __ / __ __ / __ __ __ __ , __ __ : __ __
        (MM/DD/YYYY)   (HH:MM)

Date/Time Tissue Embedding Was Started: __ __ / __ __ / __ __ __ __ , __ __ : __ __
                                                                      (MM/DD/YYYY)   (HH:MM)

Time Between Tissue Processor Cycle Completion and Embedding: __ __ : __ __
                                                                                            (HH:MM)

Protocol C: 23 hours in fixative

Date/Time Cassette Was Placed in Processor: __ __ / __ __ / __ __ __ __ , __ __ : __ __
                                                                              (MM/DD/YYYY)   (HH:MM)

Date/Time Tissue Processor Cycle Ended: __ __ / __ __ / __ __ __ __ , __ __ : __ __
                                                                          (MM/DD/YYYY)   (HH:MM)

Actual Time in Fixative (Minutes): _____ minutes

Date/Time Tissue Cassettes Were Removed From Tissue Processor:
__ __ / __ __ / __ __ __ __ , __ __ : __ __
        (MM/DD/YYYY)   (HH:MM)

Date/Time Tissue Embedding Was Started: __ __ / __ __ / __ __ __ __ , __ __ : __ __
                                                                      (MM/DD/YYYY)   (HH:MM)

Time Between Tissue Processor Cycle Completion and Embedding: __ __ : __ __
                                                                                            (HH:MM)

BPV Case ID: _____

Tissue Bank ID: _____

Form Completed By: _____

Date Completed: __ __ /__ __ /__ __ __ __
(MM/DD/YYYY)

Protocol D: 72 hours in fixative

Date/Time Cassette Was Placed in Processor: __ __ /__ __/__ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Date/Time Tissue Processor Cycle Ended: __ __ /__ __/__ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Actual Time in Fixative (Minutes): _____ minutes

Date/Time Tissue Cassettes Were Removed From Tissue Processor:
__ __ /__ __/__ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Date/Time Tissue Embedding Was Started: __ __ /__ __/__ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Time Between Tissue Processor Cycle Completion and Embedding: __ __ : __ __
(HH:MM)

BPV Case ID: _____   Tissue Bank ID: _____

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

Module II:
Select Priority:

- ○ Priority I
- ○ Priority II

Frozen Tissue Sample Information – (Middle Right) of Tumor Block

Barcode ID of frozen tumor tissue cryosette: _____

Date/time that the tissue sample was frozen in liquid nitrogen: __ __ /__ __/__ __ __ __, __ __ : __ __
                                                                                                  (MM/DD/YYYY)   (HH:MM)

Weight of frozen tumor block (mg): _____ mg

Module II: Variable Planned Delay to Fixation Time Experimental Protocol Eosin and Hematoxylin (E-H) and QC FFPE Section

QC FFPE (Middle Left): 23 hours in fixative

    Planned Delay to Fixation Time: <1 hour

    Record Cassette ID: First Scan: _____

    Date/Time That Cassette Was First Scanned Or Recorded: __ __ /__ __/__ __ __ __, __ __ : __ __
                                          (MM/DD/YYYY)   (HH:MM)

    Date/Time That Cassette Was Placed In Fixative: __ __ /__ __/__ __ __ __, __ __ : __ __
                                       (MM/DD/YYYY)   (HH:MM)

    Delay to Fixation Time (HH:MM): __ __ : __ __
                              (HH:MM)

Protocol E: 12 hours in fixative

    Planned Delay to Fixation Time: 1 hour

    Record Cassette ID: First Scan: _____

    Date/Time That Cassette Was First Scanned Or Recorded: __ __ /__ __/__ __ __ __, __ __ : __ __
                                          (MM/DD/YYYY)   (HH:MM)

    Date/Time That Cassette Was Placed In Fixative: __ __ /__ __/__ __ __ __, __ __ : __ __
                                        (MM/DD/YYYY)   (HH:MM)

    Delay to Fixation Time (HH:MM): __ __ : __ __
                               (HH:MM)

BPV Case ID: _____   Tissue Bank ID: _____

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

Protocol F: 11 hours in fixative

  Planned Delay to Fixation Time: 2 hours

  Record Cassette ID: First Scan: _____

  Date/Time That Cassette Was First Scanned Or Recorded: __ __ /__ __/__ __ __ __, __ __ : __ __
                                                                  (MM/DD/YYYY)   (HH:MM)

  Date/Time That Cassette Was Placed In Fixative: __ __ /__ __/__ __ __ __, __ __ : __ __
                                                          (MM/DD/YYYY)   (HH:MM)

  Delay to Fixation Time (HH:MM): __ __ : __ __
                                          (HH:MM)

Protocol G: 10 hours in fixative

  Planned Delay to Fixation Time: 3 hours

  Record Cassette ID: First Scan: _____

  Date/Time That Cassette Was First Scanned Or Recorded: __ __ /__ __/__ __ __ __, __ __ : __ __
                                                                  (MM/DD/YYYY)   (HH:MM)

  Date/Time That Cassette Was Placed In Fixative: __ __ /__ __/__ __ __ __, __ __ : __ __
                                                          (MM/DD/YYYY)   (HH:MM)

  Delay to Fixation Time (HH:MM): __ __ : __ __
                                          (HH:MM)

Protocol H: 12 hours in fixative

  Planned Delay to Fixation Time: 12 hours

  Record Cassette ID: First Scan: _____

  Date/Time That Cassette Was First Scanned Or Recorded: __ __ /__ __/__ __ __ __, __ __ : __ __
                                                                  (MM/DD/YYYY)   (HH:MM)

  Date/Time That Cassette Was Placed In Fixative: __ __ /__ __/__ __ __ __, __ __ : __ __
                                                          (MM/DD/YYYY)   (HH:MM)

  Delay to Fixation Time (HH:MM): __ __ : __ __
                                          (HH:MM)

BPV Case ID: _____   Tissue Bank ID: _____

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

Module II: Variable Planned Delay to Fixation Time Experimental Protocol E-H and QC FFPE Section.
Continue Entering Data for Protocol E-H Cassettes and QC FFPE Section.

QC FFPE (Middle Left): 23 hours in fixative

Date/Time Cassette Was Placed in Processor: __ __ / __ __ / __ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Date/Time Tissue Processor Cycle Ended: __ __ / __ __ / __ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Actual Time in Fixative (Minutes): _____ minutes

Date/Time Tissue Cassettes Were Removed From Tissue Processor:
__ __ / __ __ / __ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Date/Time Tissue Embedding Was Started: __ __ / __ __ / __ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Time between Tissue Processor Cycle Completion and Embedding: __ __ : __ __
(HH:MM)

Protocol E: 12 hours in fixative

Date/Time Cassette Was Placed in Processor: __ __ / __ __ / __ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Date/Time Tissue Processor Cycle Ended: __ __ / __ __ / __ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Actual Time in Fixative (Minutes): _____ minutes

Date/Time Tissue Cassettes Were Removed From Tissue Processor:
__ __ / __ __ / __ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Date/Time Tissue Embedding Was Started: __ __ / __ __ / __ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Time between Tissue Processor Cycle Completion and Embedding: __ __ : __ __
(HH:MM)

BPV Case ID: _____ Tissue Bank ID: _____

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

Protocol F: 11 hours in fixative

Date/Time Cassette Was Placed in Processor: __ __ /__ __/__ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Date/Time Tissue Processor Cycle Ended: __ __ /__ __/__ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Actual Time in Fixative (Minutes): _____ minutes

Date/Time Tissue Cassettes Were Removed From Tissue Processor:
__ __ /__ __/__ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Date/Time Tissue Embedding Was Started: __ __ /__ __/__ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Time between Tissue Processor Cycle Completion and Embedding: __ __ : __ __
(HH:MM)

Protocol G: 10 hours in fixative

Date/Time Cassette Was Placed in Processor: __ __ /__ __/__ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Date/Time Tissue Processor Cycle Ended: __ __ /__ __/__ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Actual Time in Fixative (Minutes): _____ minutes

Date/Time Tissue Cassettes Were Removed From Tissue Processor:
__ __ /__ __/__ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Date/Time Tissue Embedding Was Started: __ __ /__ __/__ __ __ __, __ __ : __ __
(MM/DD/YYYY)   (HH:MM)

Time between Tissue Processor Cycle Completion and Embedding: __ __ : __ __
(HH:MM)

BPV Case ID: _____   Tissue Bank ID: _____

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

Protocol H: 12 hours in fixative

Date/Time Cassette Was Placed in Processor: __ __ /__ __/__ __ __ __, __ __ : __ __
                                                          (MM/DD/YYYY)   (HH:MM)

Date/Time Tissue Processor Cycle Ended: __ __ /__ __/__ __ __ __, __ __ : __ __
                                                      (MM/DD/YYYY)   (HH:MM)

Actual Time in Fixative (Minutes): _____ minutes

Date/Time Tissue Cassettes Were Removed From Tissue Processor:
          __ __ /__ __/__ __ __ __, __ __ : __ __
          (MM/DD/YYYY)   (HH:MM)

Date/Time Tissue Embedding Was Started: __ __ /__ __/__ __ __ __, __ __ : __ __
                                                      (MM/DD/YYYY)   (HH:MM)

Time between Tissue Processor Cycle Completion and Embedding: __ __ : __ __
                                                                          (HH:MM)

BPV Case ID: _____   Tissue Bank ID: _____

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

Module V:

Select Priority:

- ○ Priority I
- ○ Priority II

Frozen Tissue Sample Information

Barcode ID of frozen tumor tissue cryosette: _____

Date/time that the tissue sample was frozen in liquid nitrogen: __ __ /__ __/__ __ __ __, __ __ : __ __
         (MM/DD/YYYY)   (HH:MM)

Weight of frozen tumor block (mg): _____ mg

QC FFPE, Module V

QC FFPE Section: 23 hours in fixative

     Planned Delay to Fixation Time: <1 hour

     Record Cassette ID: First Scan: _____

     Date/Time That Cassette Was First Scanned Or Recorded: __ __ /__ __/__ __ __ __, __ __ : __ __
                          (MM/DD/YYYY)   (HH:MM)

     Date/Time That Cassette Was Placed In Fixative: __ __ /__ __/__ __ __ __, __ __ : __ __
                     (MM/DD/YYYY)   (HH:MM)

     Delay to Fixation Time : __ __ : __ __
                (HH:MM)

Date/Time Cassette Was Placed in Processor: __ __ /__ __/__ __ __ __, __ __ : __ __
                   (MM/DD/YYYY)   (HH:MM)

Date/Time Tissue Processor Cycle Ended: __ __ /__ __/__ __ __ __, __ __ : __ __
               (MM/DD/YYYY)   (HH:MM)

Actual Time in Fixative (Minutes): _____ minutes

Date/Time Tissue Cassettes Were Removed From Tissue Processor:

         __ __ /__ __/__ __ __ __, __ __ : __ __
         (MM/DD/YYYY)   (HH:MM)

Date/Time Tissue Embedding Was Started: __ __ /__ __/__ __ __ __, __ __ : __ __
                (MM/DD/YYYY)   (HH:MM)

Time between Tissue Processor Cycle Completion and Embedding: __ __ : __ __
                            (HH:MM)

BPV Case ID: _____   Tissue Bank ID: _____

Form Completed By: _____   Date Completed: __ __ /__ __ /__ __ __ __
<div align="right">(MM/DD/YYYY)</div>

Module V

Protocol U

> **Record Cassette ID: First Scan:** _____
>
> **Date/Time That Cassette Was First Scanned Or Recorded:** __ __ /__ __ /__ __ __ __, __ __ : __ __
> (MM/DD/YYYY)   (HH:MM)
>
> **Date/Time That Cassette Was Frozen:** __ __ /__ __ /__ __ __ __, __ __ : __ __
> (MM/DD/YYYY)   (HH:MM)
>
> **Method of Freezing: Dry Ice**
>
> **Date/Time Tissue Cryosettes Were Transferred to Storage:** __ __ /__ __ /__ __ __ __, __ __ : __ __
> (MM/DD/YYYY)   (HH:MM)
>
> **Transferred To:** -80˚C Freezer
>
> **Weight (mg):** _____

Protocol V

> **Record Cassette ID: First Scan:** _____
>
> **Date/Time That Cassette Was First Scanned Or Recorded:** __ __ /__ __ /__ __ __ __, __ __ : __ __
> (MM/DD/YYYY)   (HH:MM)
>
> **Date/Time That Cassette Was Frozen:** __ __ /__ __ /__ __ __ __, __ __ : __ __
> (MM/DD/YYYY)   (HH:MM)
>
> **Method of Freezing: Dry Ice**
>
> **Date/Time Tissue Cryosettes Were Transferred to Storage:** __ __ /__ __ /__ __ __ __, __ __ : __ __
> (MM/DD/YYYY)   (HH:MM)
>
> **Transferred To:** LN Freezer
>
> **Weight (mg):** _____

BPV Case ID: _____   Tissue Bank ID: _____

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

Protocol W

Record Cassette ID: First Scan: _____

Date/Time That Cassette Was First Scanned Or Recorded: __ __ /__ __/__ __ __ __, __ __ : __ __
                                                            (MM/DD/YYYY)   (HH:MM)

Date/Time That Cassette Was Frozen: __ __ /__ __/__ __ __ __, __ __ : __ __
                                         (MM/DD/YYYY)   (HH:MM)

Method of Freezing: LN2 Vapor Phase

Date/Time Tissue Cryosettes Were Transferred to Storage: __ __ /__ __/__ __ __ __, __ __ : __ __
                                                              (MM/DD/YYYY)   (HH:MM)

Transferred To: -80˚C Freezer

Weight (mg): _____

Protocol X

Record Cassette ID: First Scan: _____

Date/Time That Cassette Was First Scanned Or Recorded: __ __ /__ __/__ __ __ __, __ __ : __ __
                                                            (MM/DD/YYYY)   (HH:MM)

Date/Time That Cassette Was Frozen: __ __ /__ __/__ __ __ __, __ __ : __ __
                                         (MM/DD/YYYY)   (HH:MM)

Method of Freezing: LN2 Vapor Phase

Date/Time Tissue Cryosettes Were Transferred to Storage: __ __ /__ __/__ __ __ __, __ __ : __ __
                                                              (MM/DD/YYYY)   (HH:MM)

Transferred To: LN Freezer

Weight (mg): _____

BPV Case ID: _____

Tissue Bank ID: _____

Form Completed By: _____

Date Completed: __ __ /__ __ /__ __ __ __
(MM/DD/YYYY)

Normal Adjacent Tissue

Tissue dissection performed by: _____

Were the normal adjacent tissue FFPE specimens processed per the standard operating procedure (SOP)?

○ Yes   ○ No

Comments/issues with tissue receipt or deviations from SOP:

FFPE tissue 1
> **Barcode ID:**
>
> **Date/Time of Preservation (Fixed or Frozen):**
>
> **Weight (mg):**

FFPE tissue 2
> **Barcode ID:**
>
> **Date/Time of Preservation (Fixed or Frozen):**
>
> **Weight (mg):**

FFPE tissue 3
> **Barcode ID:**
>
> **Date/Time of Preservation (Fixed or Frozen):**
>
> **Weight (mg):**

Frozen tissue 1
> **Barcode ID:**
>
> **Date/Time of Preservation (Fixed or Frozen):**
>
> **Weight (mg):**

Frozen tissue 2
> **Barcode ID:**
>
> **Date/Time of Preservation (Fixed or Frozen):**
>
> **Weight (mg):**

Frozen tissue 3
> **Barcode ID:**
>
> **Date/Time of Preservation (Fixed or Frozen):**
>
> **Weight (mg):**

BPV Case ID: _____   Tissue Bank ID: _____

Form Completed By: _____   Date Completed: __ __ /__ __ /__ __ __ __

(MM/DD/YYYY)

Additional Tumor Tissue

Tissue dissection performed by: _____

Were additional tumor FFPE specimens processed per the SOP?

    ○   Yes   ○   No

Comments/issues with tissue receipt or deviations from SOP:

FFPE tissue 1
    Barcode ID:

    Date/Time of Preservation (Fixed or Frozen):

    Weight (mg)

FFPE tissue 2
    Barcode ID:

    Date/Time of Preservation (Fixed or Frozen):

    Weight (mg)

FFPE tissue 3
    Barcode ID:

    Date/Time of Preservation (Fixed or Frozen):

    Weight (mg)

Frozen tissue 1
    Barcode ID:

    Date/Time of Preservation (Fixed or Frozen):

    Weight (mg)

Frozen tissue 2
    Barcode ID:

    Date/Time of Preservation (Fixed or Frozen):

    Weight (mg)

Frozen tissue 3
    Barcode ID:

    Date/Time of Preservation (Fixed or Frozen):

    Weight (mg)