BPV Case ID: _____ Tissue Bank ID: _____

Form Completed By: _____ Date Completed: __ __ /__ __ /__ __ __ __
(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: _____
(in years)

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(MM/DD/YYYY)

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:

BPV Case ID: _____ Tissue Bank ID: _____

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

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)**

BPV Case ID: _____ Tissue Bank ID: _____

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

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)**

BPV Case ID: _____ Tissue Bank ID: _____

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

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)**

BPV Case ID: _____ Tissue Bank ID: _____

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

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)**

Infectious Diseases

8. **Has the participant been diagnosed with Hepatitis B?**
   - ○ Yes
   - ○ No
   - ○ Unknown

9. **Has the participant been diagnosed with Hepatitis C?**
   - ○ Yes
   - ○ No
   - ○ Unknown

BPV Case ID: _____ Tissue Bank ID: _____

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

10. **Has the participant been diagnosed with HIV?**
    - ○ Yes
    - ○ No
    - ○ Unknown

    Other – (Specify):

11. **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

Reproductive history

12. **Has the participant ever been pregnant?**
    Select One:
    - ○ Yes **(If Yes, complete the next three columns)**
    - ○ No
    - ○ Unknown

    What is the total number of pregnancies? _____

    What is the total number of live births? _____

    What was the participant's age when her first biological child was born? _____

13. **Has the participant had any of these gynecological surgeries in the past?**
    Select One:
    - ○ Hysterectomy
    - ○ Unilateral oophorectomy
    - ○ Neither hysterectomy nor oophorectomy
    - ○ Unknown

BPV Case ID: _____ Tissue Bank ID: _____

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

Hormonal birth control use.
Document additional hormonal birth control use in the Comments section on the last page of this form.

14. **Has the participant ever used hormonally based birth control?**
    Select One:
    - ○ Current user **(Enter details below)**
    - ○ Former user **(Enter details below)**
    - ○ Never used
    - ○ Unknown

Form of hormonal birth control
Select One:
- ○ Pill
- ○ Injection
- ○ IUD
- ○ Patch
- ○ Vaginal ring
- ○ Other (specify)

Duration (months): _____

Time since last usage (years): _____

Describe other hormonally based birth control:

Form of hormonal birth control
Select One:
- ○ Pill
- ○ Injection
- ○ IUD
- ○ Patch
- ○ Vaginal ring
- ○ Other (specify)

Duration (months): _____

Time since last usage (years): _____

Describe other hormonally based birth control:

General comment:

BPV Case ID: _____ Tissue Bank ID: _____

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

Hormonal replacement therapy use.
Document additional hormonal replacement use in the Comments section on the last page of this form.

15. **Has the participant ever used hormone replacement therapy:**
Select One:
- ○ Yes – **Enter details below**
- ○ No
- ○ Unknown

Form of hormone replacement therapy
Select One:
- ○ Pill
- ○ Patch
- ○ Cream
- ○ Unknown
- ○ Other (specify)

Describe other hormone replacement therapy:

Type of hormone replacement therapy
Select One:
- ○ Estrogen alone
- ○ Estrogen with progestin
- ○ Progestin alone
- ○ Testosterone
- ○ Unknown

Duration (months): _____

Time since last usage (years): _____

Form of hormone replacement therapy
Select One:
- ○ Pill
- ○ Patch
- ○ Cream
- ○ Unknown
- ○ Other (specify)

Describe other hormone replacement therapy:

Type of hormone replacement therapy
Select One:
- ○ Estrogen alone
- ○ Estrogen with progestin
- ○ Progestin alone
- ○ Testosterone
- ○ Unknown

Duration (months): _____

Time since last usage (years): _____

General comment:

BPV Case ID: _____ Tissue Bank ID: _____

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

16. **Indicate participant's menopausal status:**
    Select One:
    - ○ Premenopausal: less than 6 months since LMP **AND** no prior bilateral oophorectomy **AND** not on estrogen replacement
    - ○ Perimenopausal: 6-12 months since last menstrual period
    - ○ Postmenopausal: prior bilateral oophorectomy **OR** more than 12 months since LMP with no prior hysterectomy
    - ○ Indeterminate: neither pre- nor post-menopausal

Alcohol history

17. **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

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

BPV Case ID: _____ Tissue Bank ID: _____

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

Tobacco Smoking History

19. **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:
_____

20. **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

BPV Case ID: _____ Tissue Bank ID: _____

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

Clinical FIGO stage

21. **Clinical FIGO stage**

Select One:

- ○ Stage IA
- ○ Stage IA1
- ○ Stage IA2
- ○ Stage IB
- ○ Stage IB1
- ○ Stage IB2
- ○ Stage IIA
- ○ Stage IIA1
- ○ Stage IIA2
- ○ Stage IIB
- ○ Stage IIIA
- ○ Stage IIIB
- ○ Stage IVA
- ○ Stage IVB
- ○ Not Available

BPV Case ID: _____ Tissue Bank ID: _____

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

Record Karnofsky Score or Eastern Cancer Oncology Group (ECOG) Score

22. **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

23. **Timing of score:**

Select One:

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

Specify other timing of score:

BPV Case ID: _____ Tissue Bank ID: _____

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

24. **Comments:**