

GUIDANCE INFORMATION

The tissue recovery Case Report Form (CRF) is used to abstract data during tissue procurement activities. This document should be completed per case and shall serve as the source document for capturing all respective data. All questions are expected to be completed, even if the answer is “unknown” or “Not Applicable”. The form is divided into five sections. Special instructions, per section/question, are noted in italicized text.

All times (hr:min) go by the 24 hour clock.

The earliest time noted should be the GTEEx Procedure Start Date/Time. In the case of an Organ Procurement Organization (OPO), this should reflect the earliest timepoint a tissue was removed for GTEEx purposes. Note: this will be entered as separate date and time fields into the Comprehensive Data Resource (CDR).

Any non-consent issue related to, or creating, a limitation on what tissues can be procured, should be noted in the appropriate kit comment box: “Additional Yellow Kit Comments” box (1); “Additional Green Kit Comments” box (1); or “Additional Aqua Kit Comments” box (2). Information about specific biospecimens should be captured in the Tissue Recovery Form (TRF) comments field associated with the specified tissue. This includes additional notes from Biospecimen Source Site (BSS) pathology teams, recovery team observations, tissue process deviations, etc.

Case Details					
Case ID (GTEX-#####)		Collection Type (check one)	<input type="radio"/> Postmortem <input type="radio"/> Organ Donor	BSS Name (free text)	

Tissue Collection Data					
<i>Procedure start time should reflect time first tissue removed. For OPO donors, start time is the earliest time of GTEEx tissue removal.</i>					
GTEEx Procedure Start Date / Time (mm/dd/yyyy hr:min)		Chest Incision Time (hr:min)		Clamp/Ligature Time (hr:min) (if applicable)	
For Organ or Tissue Donors, please list which organs/tissues were donated from GTEEx Subject					

Core Body Temperature (if can be obtained) (Degree)		Temperature Scale (°F or °C)		Temperature Obtained Via (rectal or liver)	<input type="radio"/> Thermometer-rectal <input type="radio"/> Thermometer-organ <input type="radio"/> Anesthesia probe <input type="radio"/> Other: _____
Time Obtained (hr:min) (enter here but not in CDR)					
Kit IDs Used (enter here but not on CDR TRF)					

GTEx Tissue Recovery Case Report Form (CRF)

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Candidate ID <i>(enter here after case is linked in CDR)</i>	
Data Entered By <i>(first name, last name)</i>	Team Leader <i>(first name, last name)</i>
	Team Lead Verification Date <i>(mm/dd/yyyy)</i>

Enter initials of each team member participating in the procurement
(Note: The CDR requires 3 prosectors' initials (e.g. ABC). If less than three were used, enter N/A in the CDR for each unused slot).

Prosector Initials		Prosector Initials		Prosector Initials		Prosector Initials	
Prosector Initials		Prosector Initials		Prosector Initials		Prosector Initials	

Procurement Site Restriction: *This field is applicable to all kit types. Please note all non-consent issues related to, or creating, a limitation on tissues that can be procured. Please include tissue type and reason for restriction.*

Frozen Specimens Not Collected: *Please note why frozen specimens were not collected.*

SOP: OP-0001 GTEx Kit Receipt, Supplies, and Shipping Procedure: Memo or Approved Deviation #:	SOP Version: ____ MEMO*: _____ AD*: _____
SOP: PR-0004 GTEx Tissue Procurement Procedure: Memo or Approved Deviation #:	SOP Version: ____ MEMO*: _____ AD*: _____
SOP: PM-0003 GTEx CRF Completion: Memo or Approved Deviation #:	SOP Version: ____ Memo*: _____ AD*: _____

**If Memo or Approved Deviation from SOP, please enter MEMO or Approved Deviation # here.*

Additional Tissue Recovery Data*

First Blood Draw Date: <i>(mm/dd/yyyy)</i>		First Blood Draw Time: <i>(hr:min)</i>	
First Tissue Removed Date: <i>(mm/dd/yyyy)</i> <i>Includes first tissue, non-blood/non-brain (Aqua Kit)</i>		First Tissue Removed Time: <i>(hr:min)</i>	

First Aqua Tissue Removed:
 Indicate first Aqua Kit specimen name

**Please enter this additional data to help ensure data accuracy.*

INSTRUCTION: Record "N/A" if not collected

INSTRUCTION: Specimen ID Format: GTEX-#####-####

INSTRUCTION Note: If any specimens not collected, specify why in *comment* field

Green Kit

Did site receive verbal confirmation of ventilator status <24 hours prior to collection start?

Yes No

Specimen ID	Tissue Type	Start Brain Removal	End Brain Aliquot Prep	Time Head Put on Ice	Comments
		<i>(hr:min)</i>	<i>(hr:min)</i>	<i>(hr:min)</i>	<i>Free text</i>
	Whole Brain				
	Hair	N/A	N/A	N/A	

Additional Green Kit Comments

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INSTRUCTION: Record "N/A" if not collected

INSTRUCTION: Specimen ID Format: GTEX-#####-####

INSTRUCTION Note: If any specimens not collected, specify why in *comment* field

Yellow Kit

(NOTE: The following specimen types are required for ALL collections.)

Specimen ID	Biospecimen Type	Fixative/ Container	Draw Time (hr:min)	Time Inverted (hr:min)	Comments <i>Free text</i>
	Blood				
	Blood				<i>Provided as extra - use as needed.</i>
	Blood				<i>Provided as extra - use as needed.</i>
	Skin aliquot for culture		Time in Medium		<i>Comments</i>

Additional Yellow Kit Comments

INSTRUCTION: Record "N/A" if not collected

INSTRUCTION: Specimen ID Format: GTEX-#####-####

INSTRUCTION Note: For 'Location' Field, circle correct location, or if 'Other' write in location

Aqua Kit

(NOTE: The following specimen types are required for ALL collections.)

Specimen ID	Tissue Type	Location	Time Removed (hr:min)	Time Placed in Fixative (hr:min)	Time Placed in Stabilizer (hr:min)	Size if Different than the SOP (mmXmmXmm)	Comments
	Adipose	Leg, Left; Leg, Right; 1 cm Below Res.; Other: _____					
		<i>Note: For PM: 2 cm below patella on medial side. For Surgical: 1 cm below resection line on medial side</i>					
	Artery, Tibial	Left tibial; 1 cm Below Res.; Other: _____					
		<i>Note: For Surgical: Posterior tibial artery for BKA and popliteal or femoral artery for AKA, both 1 cm below resection line.</i>					
	Muscle, Skeletal	Gastrocnemius; 1 cm Below Res.; Other: _____					
		<i>Note: for Postmortem: 2cm below patella. Note: for Surgical: 1 cm below resection line of the lateral gastrocnemius in BKA and 1 cm below resection line of the vastus lateralis muscle in AKA</i>					

Aqua Kit Continued

Specimen ID	Tissue Type	Location	Time Removed (hr:min)	Time Placed in Fixative (hr:min)	Time Placed in Stabilizer (hr:min)	Size if Different than the SOP (mmXmmXmm)	Comments
	Nerve, Tibial	Left; Right; 1 cm Below Res.; Other: _____					
		<i>Note: For Surgical: tibial nerve for BKA or sciatic nerve for AKA 1 cm below resection</i>					
	Skin	Leg, Left; Leg, Right; 1 cm Below Res.; Other: _____					
		<i>Note: For Postmortem: 2 cm below patella on medial side. Note: For Surgical: 1 cm below resection line on medial side.</i>					

Additional Aqua Kit Comments

INSTRUCTION: Record "N/A" if not collected

INSTRUCTION: Specimen ID Format: GTEX-#####-####

INSTRUCTION Note: Enter comment as to why not collected

Aqua Kit

NOTE: Collect as many of the following as possible.

Specimen ID	Tissue Type	Location	Time Removed (hr:min)	Time Placed in Fixative (hr:min)	Time Placed in Stabilizer (hr:min)	Size if Different than the SOP (mmXmmXmm)	Comments
	Adrenal Glands	Left; Right, if necessary for sufficient aliquots; Other: _____					
	Aorta	Ascending aorta; Other thoracic region; Other: _____					
	Brain - cerebellum	Right cerebellum; Other: _____					
	Brain - cortex	Right cerebral frontal pole; Other: _____					
	Mammary Tissue (Breast)	Right, deep surface; Other: _____					
	Colon	Transverse; Other: _____ <i>Note: rinse mucosa with normal saline</i>					
	Coronary artery	Left and right (noncalcific); Other: _____					

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	Esophagus - mucosa	Squamous region above GE junction; Other: _____					
	Esophagus -muscularis	Squamous region above GE junction; Other: _____					

Aqua Kit

Specimen ID	Tissue Type	Location	Time Removed (hr:min)	Time Placed in Fixative (hr:min)	Time Placed in Stabilizer (hr:min)	Size if Different than the SOP (mmXmmXmm)	Comments
	Heart	Anterior left ventricle; Other: _____					
	Kidney - cortex	Left cortex; Other: _____					
	Atrial appendage	Right atrial appendage, tip; Other: _____					
	Liver	Central right lobe; Other: _____					
	Lung	Inferior segment of left upper lobe; Other: _____					
	Pancreas	Mid-portion (not tail); Other: _____					
	Pituitary gland	Entire pituitary gland; Other: _____					
	Spleen	Central Region; Other: _____					
	Stomach	Body; Other: _____					
		<i>Note: rinse mucosa with normal saline before aliquot preparation</i>					

INSTRUCTION: Record "N/A" if not collected

INSTRUCTION: Specimen ID Format: GTEX-#####-####

INSTRUCTION Note: Enter comment as to why not collected

Aqua Kit

Female Organs

NOTE: Collect as many of the following as possible.

Specimen ID	Tissue Type	Location	Time Removed (hr:min)	Time Placed in Fixative (hr:min)	Time Placed in Stabilizer (hr:min)	Size if Different than the SOP (mmXmmXmm)	Comments
	Ovary	Left; Right if necessary for sufficient aliquots; Other: _____					
	Uterus	Corpus; Other: _____					
	Vagina	Anterior (preferred); Posterior; Other: _____					

INSTRUCTION: Record "N/A" if not collected

INSTRUCTION: Specimen ID Format: GTEX-#####-####

INSTRUCTION Note: Enter comment as to why not collected

Aqua Kit

Male Organs

NOTE: Collect as many of the following as possible.

Specimen ID	Tissue Type	Location	Time Removed (hr:min)	Time Placed in Fixative (hr:min)	Time Placed in Stabilizer (hr:min)	Size if Different than the SOP (mmXmmXmm)	Comments
	Prostate gland	Representative region (non-nodular); Other: _____					
	Testis	Left; Right, if necessary to obtain sufficient tissue for aliquots; Other: _____					

Additional Aqua Kit Comments

Pink Kit

NOTE: Collect as many of the following as possible.

Specimen ID	Tissue Type	Location	Fixation Method	Time Removed (hr:min)	Time Placed in Fixative (hr:min)	Size if Different than the SOP (mmXmmXmm)	Comments
	Muscle, Skeletal	Gastrocnemius; 2 cm below patella; Other: _____					
		Adjacent to tissue for PAXgene fixation: Y/N					
	Esophagus - mucosa	Squamous region above GE junction; Other: _____					
		Adjacent to tissue for PAXgene fixation: Y/N					
	Esophagus -muscularis	Squamous region above GE junction; Other: _____					
		Adjacent to tissue for PAXgene fixation: Y/N					
	Skin	Leg, Left; Leg, Right; 2 cm below patella on medial side; Other: _____					
		Adjacent to tissue for PAXgene fixation: Y/N					
	Lung	Inferior segment of left upper lobe; Other: _____					
		Adjacent to tissue for PAXgene fixation: Y/N					

Pink Kit

Specimen ID	Tissue Type	Location	Fixation Method	Time Removed (hr:min)	Time Placed in Fixative (hr:min)	Size if Different than the SOP (mmXmmXmm)	Comments
	Heart	Anterior left ventricle; Other: _____					
		Adjacent to tissue for PAXgene fixation: Y/N					
	Mammary Tissue (Breast) (female only)	Right, deep surface; Other: _____					
		Adjacent to tissue for PAXgene fixation: Y/N					
	Prostate gland (male only)	Representative region (non-nodular); Other: _____					
		Adjacent to tissue for PAXgene fixation: Y/N					

Additional Pink Kit Data

Date placed in Dry Ice for transport: (mm/dd/yyyy)		Time placed in Dry Ice for transport: (hr:min)	
Date placed in -80° storage: (mm/dd/yyyy)		Time placed in -80° storage: (hr:min)	

Additional Pink Kit Comments