© caHU	The Cancer Human Biobank	GTEx Tissue Recovery Case	Report Form
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#### **GUIDANCE INFORMATION**

The Tissue Recovery 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 "Undetermined" or "Not Applicable". The form is divided into five sections. Italicized instructions are noted per section or question as needed.

All times (hr:min) are 24 hour times.

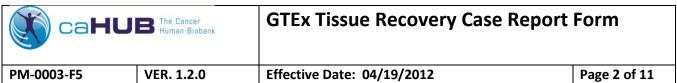
The earliest time noted should be the GTEx Procedure Start Date / Time. In the case of an OPO, this should reflect the earliest timepoint a tissue was removed for GTEx purposes. Note: this will be entered as separate date and time fields into the CDR.

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 comments field associated with the specified tissue. This includes additional notes from BSS pathology teams, recovery team observations, tissue process deviations, etc.

	Case Details							
Case ID (GTEX-######)	-	llection o Type o eck one)	Postmortem Organ/Tissue Surgical	BSS Name (free text)				

Postmortem and Organ Donor Cases  Complete Below  Procedure start time should reflect time first tissue removed. For OPO donors, start time is the earliest time of GTEx tissue removal						
GTEx Procedure Start  Date / Time (mm/dd/yyyy hr:min)	Chest Incision Time (hr:min)	Clamp/Ligature Time (hr:min) (if applicable)				
For Organ Donors, please li	st which organs/tissues were donated					

Surgical Cases								
Complete Below Procedu	Complete BelowProcedure start time reflects time first tissue removed. Surgery start time reflects time at which the above knee							
	(AK)/below knee (BK) surgical leg amputation begins.							
GTEx Procedure Start		Surgery Start		Earliest Cross-Clamp				
Date / Time		Time		Time				
(mm/dd/yyyy hr:min)		(hr:min)		(hr:min)				
Amputation Type	O Above th	e knee amputation (Ak	(A)	Below the knee amputa	ition (BKA)			



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		Fill out Below fo	r All Cases			
Core Body Temperature (if can be obtained) (Degree)		Temperature Scale (°F or° C)		Temperature Obtained Via (rectal or liver)	Thermometer- rectal     Thermometer- organ     Anesthesia prob Other:	
Time Obtained (hr:min) (enter here but not in CDR)						
Kit IDs Used (enter here but not on CDR TRF)						
Candidate ID (enter here <u>after</u> case is linked in CDR)						
Data Ento	ered By	Team	Leader	Team Lead	Verification Date	
(first name,	•	(first name, last name)		(mr	(mm/dd/yyyy)	
Ente	r initials of each	n team member p	articipating in	the procurem	ent	
(Note: The CDR red	quires 3 prosector in	itials (e.g. ABC). If les unused sl		used, enter N/A in	the CDR for each	
Prosector Initials	Prosec Initia		Prosector Initials	F	Prosector Initials	
Prosector	Prosec	ctor	Prosector	F	Prosector	

Initials

Initials

Initials

Initials

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Additional Tissue Recovery Data*							
First Blood Draw D (mm/dd/yyyy)				Fi	irst Blood Draw Time: (hr:min)		
First Tissue Removed (mm/dd/yyyy)							
Includes first tissue, blood/non-brain (Aq	ua Kit)						
First Aqua Tissue Rer  Indicate first Aqua	n Kit						
specimen name *Please enter this addi		to help ensure	e data accura	cy.	1		
INSTRUCTION: Rec INSTRUCTION: Spe INSTRUCTION Note	cimen ID	Format: G	TEX-#####		why in <i>comment</i> field		
	,	<b>P</b>		<u>., </u>	,		
			Gr	een Kit			
Did site receive verb prior to collection sta		ation of vent	tilator status	<24 hours	☐ Yes ☐ No		
Specimen ID	Tissue Type	Start Brain Removal	End Brain Aliquot Prep	Time Head Put on Ice	Comments		
	Stated	(hr:min)	(hr:min)	(hr:min)	Free text		
	Whole Brain						
	Hair	N/A	N/A	N/A			
Additional Green Kit Comments							
INCTRUCTION	لمند// احدد	/ :£ ! !!	-4 - 4				
INSTRUCTION: Record "NA" if not collected							



**Specimen ID** 

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

Blood

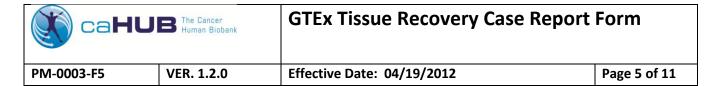
Blood

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

# Tissue Type Draw Time Time Inverted Comments Stated (hr:min) (hr:min) Free text Blood Blood

Blood		Provided as extra - use as needed.
Blood		Provided as extra - use as needed.
Skin aliquot	Time in	comments
for culture	Medium	

Additional Yellow Kit Comments
INSTRUCTION: Record "NA" if not collected

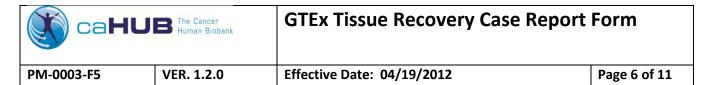


INSTRUCTION: Specimen ID Format: GTEX-#####-####

in AKA

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

#### **Aqua Kit** The Following Tissue Types are Required for ALL Collections Time Placed **Time Placed** Specimen ID Tissue Location Time **Size if Different** Comments Type Removed in Fixative in Stabilizer than the SOP (hr:min) (hr:min) (hr:min) (mmXmmXmm) Leg, Left; Leg, Right; I cm Below Res.; Other: \_ Note: For PM: 2 Adipose cm below patella on medial side. For Surgical: 1 cm below resection line on medial side Left tibial; I cm Below Res.; Other: \_ Note: For Surgical: Artery, Posterior tibial **Tibial** artery for BKA and popliteal or femoral artery for AKA. both 1 cm below resection line. Gastrocnemius; I cm Below Res.; Other: \_ Note: for Postmortem: 2cm below patella. Note: for Muscle, Surgical: 1 cm Skeletal below resection line of the lateral gastrocnemius in BKA and 1 cm below resection line of the vastus lateralis muscle



	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; I cm Below Res.; Other:  Note: For Surgical: tibial nerve for BKA or sciatic nerve for AKA 1 cm below resection						
	Skin	Leg, Left; Leg, Right; I cm Below Res.; Other:  Note: For Postmortem: 2 cm below patella on medial side. Note: For Surgical: 1 cm below resection line on medial side.						

Additional Aqua Kit Comments							

The following pages are for Postmortem and Organ/Tissue donors ONLY.

INSTRUCTION: Record "NA" if not collected

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

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INSTRUCTION Note: Enter comment as to why not collected

#### Collect as many of the following as possible

	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
	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:  Note: rinse mucosa with normal saline					
	Coronary artery	Left and right (noncalcific) Other:					
	Esophagus - mucosa	Squamous region above GE junction; Other:					
	Esophagus -muscularis	Squamous region above GE junction; Other:					



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	Aqua Kit						
Specimen ID	Tissue Type	Location	Time Removed <i>(hr:min)</i>	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:  Note: rinse mucosa with normal saline before aliquot preparation					
	Thyroid gland	Left -grossly non- nodular region; Right – grossly non- nodular region; Other:					
	- Ileum	Nodular mucosa and submucosa of most distal ileum; Other:					



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			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
	Sigmoid colon	Curved portion of colon above rectum; Other:					
	Gastro eso- phageal junction	Muscularis of lowest portion of esophagus; Other:					
	Omentum	Greater omentum adipose tissue; Other:					
	Minor salivary glands	Inner surface of lower lip; Other:					
	Suprapubic skin	Skin just above pubic hair; Other:					

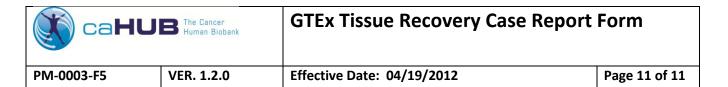
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INSTRUCTION:	Record	"NA"	if not	collected
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## Female Organs (Postmortem and Organ Donors only)

#### Collect as many tissue types as possible

			Aq	ua 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
	Ovary	Left; Right if necessary for sufficient aliquots; Other:					
	Uterus	Corpus; Other:					
	Vagina	Anterior (preferred); Posterior; Other:					



INSTRUCTION: Record "NA" if not collected

# Male Organs (Postmortem and Organ Donors only) Collect as many tissue types as possible

concess as many assure types as possible								
	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	
	Prostate gland	Representative region (non-nodular); Other:						
	Testis	Left; Right, if necessary to obtain sufficient tissue for aliquots; Other:						

	Additional Aqua Kit Comments
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