

<p>1. BPV Case ID: _____ Affix BPV Case ID Barcode Label</p> <p>2. Kit ID's Used: Enter ID's From Kit Components Used for This Case: _____ N/A _____</p> <p>3. Site Protocol Number: _____</p> <p>4. Tissue Bank ID: _____</p>	<p>Form Completed By: _____</p> <p>Date Completed: ____/____/_____ MM/DD/YYYY</p>
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Data Element Label	Data Entry Alternatives	Instructions/Information
5. Primary Tissue Type:	Select one: <input type="radio"/> Colon <input type="radio"/> Kidney <input type="radio"/> Lung <input type="radio"/> Ovary	
6. Candidate's Date of Birth:	____/____/_____ MM/YYYY	
Gender, Race and Ethnicity		
7. Candidate's Gender:	Select one: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other, specify:	

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8. Candidate's Race:

Select one:

American Indian or Alaska Native: a person having origins in any of the original peoples of North/South America (including Central America) and maintains tribal affiliation or community attachment

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent; for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American: a person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American"

Native Hawaiian or other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Not reported : not provided or available

Unknown: could not be determined or unsure

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9. Candidate's Ethnicity:	Select one: <input type="radio"/> Not Hispanic or Latino: a person not meeting the definition for Hispanic or Latino <input type="radio"/> Hispanic or Latino: a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origin, regardless of race <input type="radio"/> Not reported: not provided or unavailable <input type="radio"/> Unknown: could not be determined or unsure	
10. Is Candidate of Sephardic or Ashkenazi Jewish Heritage?	Select one: <input type="radio"/> No <input type="radio"/> Ashkenazi Jewish <input type="radio"/> Sephardic Jewish <input type="radio"/> Unknown	

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**11. Candidate Ethnic
 Background (geographic):**

Select all that apply:

- Africa
- Central African
- North African
- South African

- Americas
- African American
- North American
- Latin American
- Caribbean
- South American

- Asia
- Southeast Asian
- South Asian
- Central Asian
- Chinese
- Japanese
- Indian

- Australia/New Zealand
- Australian
- New Zealander

- Europe
- Eastern European
- Icelandic
- Mediterranean
- Scandinavian
- Western European

- Intercontinental
- Middle Eastern
- Hispanic

- Other, specify:

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Consent Information		
12. Consent Form Was Signed and Dated:	Select one: <input type="radio"/> Yes <input type="radio"/> No	
13. Date of Candidate's Consent:	<u> </u> / <u> </u> / <u> </u> - <u> </u> - <u> </u> - <u> </u> MM/DD/YYYY	Indicate the date on which the candidate's consent was obtained.
14. Age of Candidate as of Consent Date:	<u> </u> years and <u> </u> months	
15. Does the Candidate Meet the Age of Majority for Your State/Institute?	Select one: <input type="radio"/> Yes <input type="radio"/> No	
16. Date of Witness of Consent:	<u> </u> / <u> </u> / <u> </u> - <u> </u> - <u> </u> - <u> </u> MM/DD/YYYY	Indicate the date on which the candidate's consent was witnessed.
17. Date of Consent Verification:	<u> </u> / <u> </u> / <u> </u> - <u> </u> - <u> </u> - <u> </u> MM/DD/YYYY	Indicate the date on which the candidate's consent was verified.
18. Version of Consent Form Signed by Candidate:		Indicate the version of the consent form signed by the candidate.
19. Consent Obtained By:		Indicate the name of the person who obtained the candidate's consent.

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**20. Relationship of
 Consent Signer to Donor:**

Select one:
 Self
 Other, specify:

IRB Approval

21. IRB Approval Date:

___/___/_____
 MM/DD/YYYY

22. IRB Expiration Date:

___/___/_____
 MM/DD/YYYY

General Comment

**23. Specify
 Limitations/Additions, if
 Any:**