

BPV Case ID _____ Affix BPV Case ID Barcode Label Primary Organ: _____ Tissue Bank ID: _____	Form Completed By: _____ Date Form Was Completed: __ __ / __ __ / __ __ __ __ (MM/DD/YYYY) Biospecimen Source Site: _____
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1. Experimental Key Barcode ID:		
2. Parent Tissue Specimen ID:		
3. BPV Standard of Protocol (SOP) Governing Processing of Formalin-fixed Paraffin-Embedded (FFPE) Tissue:		
4. Make and Model of Tissue Processor:	Select one: <input type="radio"/> Leica PELORIS™ Rapid Tissue Processor <input type="radio"/> Other – Specify other tissue processor make and model:	
5. Was processor maintenance provided as per the manufacturer recommendation?	Select one: <input type="radio"/> Yes <input type="radio"/> No – Specify maintenance discrepancy:	

BPV Case ID: _____	Tissue Bank ID: _____
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6. Type of Alcohol:	Select one: <input type="radio"/> Absolute ethanol (100%) <input type="radio"/> Other – Specify other type of alcohol:	
7. Type of Clearing Agent:	Select one: <input type="radio"/> Xylene <input type="radio"/> Other – Specify other clearing agent:	
Were the following done per the BPV FFPE Tissue Processing SOP?		
8. Alcohol Stage Duration:	Select one: <input type="radio"/> Yes <input type="radio"/> No – Specify alcohol duration:	
9. Duration of Dehydration Process:	Select one: <input type="radio"/> Yes <input type="radio"/> No – Specify dehydration duration:	
10. Temperature of Dehydration:	Select one: <input type="radio"/> Yes <input type="radio"/> No – Specify dehydration temperature:	
11. Number of Stages/ Replicates:	Select one: <input type="radio"/> Yes <input type="radio"/> No – Specify number of stages/ replicates:	

BPV Case ID: _____	Tissue Bank ID: _____
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12. Duration in Clearing Agent:	Select one: <input type="radio"/> Yes <input type="radio"/> No – Specify duration in clearing agent:	
13. Temperature of Clearing Agent:	Select one: <input type="radio"/> Yes <input type="radio"/> No – Specify temperature of clearing agent:	
14. Paraffin Impregnation Method:	Select one: <input type="radio"/> Yes <input type="radio"/> No – Specify paraffin impregnation method:	
15. Temperature of Paraffin:	Select one: <input type="radio"/> Yes <input type="radio"/> No – Specify paraffin temperature:	
16. Provide Any Comments Related to FFPE Processing:		

OP-0004-F1

VER. 03.01

Effective Date: 11/10/2014

Page 4 of 5

BPV Case ID: _____	Tissue Bank ID: _____
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Embedding

17. BPV SOP Governing Embedding of FFPE Tissue:

18. Type of Paraffin:		
19. Manufacturer of Paraffin:	Select one: <input type="radio"/> Fisher <input type="radio"/> Other – Specify other paraffin manufacturer:	
20. Paraffin Product #:		
21. Paraffin Lot #:		
22. Temperature of Paraffin Processing for Embedding:	_____ °C or °F (Circle temperature scale)	
23. Type of Paraffin Used in Embedding:	Select one: <input type="radio"/> Fresh paraffin <input type="radio"/> Other – Specify type of embedding paraffin:	
24. Age of Paraffin:	_____ (days)	

BPV Case ID: _____	Tissue Bank ID: _____
Form Completed By: _____	Date Completed __ __ / __ __ / __ __ __ __ MM/DD/YYYY

25. Total Time for Which the Freshly Poured Blocks Were Cooled:	_____ (minutes)	
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FFPE Block Storage

26. SOP Governing Handling, Tracking, and Storage of FFPE Tissue Block:	
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27. Were the FFPE blocks stored per the SOP?	Select one: <input type="radio"/> Yes <input type="radio"/> No – Specify discrepancy:	
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28. Provide any additional comments related to paraffin embedding of FFPE tissue:	
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