

**Biospecimen Pre-Analytical Variables (BPV)  
 Tissue Gross Evaluation Form**

PR-0006-F2

VER. 03.03

Effective Date: 10/07/2014

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<b>BPV Case ID:</b> _____	<b>Tissue Bank ID:</b> _____
<b>Form Completed By:</b> _____	<b>Date Completed:</b> ____/____/____ MM/DD/YYYY

BPV Case ID: _____ Affix BPV Case ID Barcode Label	Form Completed By: _____  Date Form Was Completed: ____/____/____ (MM/DD/YYYY)
Tissue Bank ID: _____	Biospecimen Source Site: _____
Primary Organ: _____	

Receipt of Tissue in Pathology Gross Room		
Tissue received in gross room from OR?	Yes	No
<b>1. Date and time specimen arrived in pathology gross room from OR:</b>	____/____/____ (MM/DD/YYYY)	____:____ (HH:MM)
<b>2. Specimen was received in gross room by:</b>		Individual who received specimen in gross room.
<b>3. BPV Standard Operating Procedure (SOP) governing transport of tissue from OR to pathology gross room:</b>		
<b>4. Transport of tissue was performed per BPV Surgical Tissue Collection and Preservation SOP:</b>	Select One: <input type="radio"/> Yes <input type="radio"/> No — <b>Tissue transport comments:</b>	If No is selected, note tissue transport issues or deviations from Tissue Collection and Preservation SOP.
<b>5. Temperature of pathology gross room when specimen arrived from OR:</b>	_____ °C or °F (Circle temperature scale)	
<b>6. Humidity of pathology gross room when specimen arrived from OR:</b>	_____ %	

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Gross Evaluation of Resected Tissue		
<b>7. Gross evaluation of resected tissue was performed by:</b>		Individual who performed gross evaluation of resected tissue.
<b>8. Dimensions of resection:</b>	_____ cm x _____ cm x _____ cm	(H cm x W cm x D cm)
<b>9. Weight of resection:</b>	_____ g	
<b>10. Gross appearance of disease was observed in resected tissue:</b>	Select one: <input type="radio"/> Yes <input type="radio"/> No	
<b>11. Comments:</b>		
<b>12. Gross diagnosis of resected tissue:</b>		Record gross diagnosis of resected tissue.
<b>13. Photograph(s) of tissue was/were taken in pathology gross room?</b>	Select One: <input type="radio"/> Yes — <b>Upload tissue photographs into CDR</b> <input type="radio"/> No — <b>Explain why:</b>	

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<b>14. Pathology ink used?</b>	Select One: <input type="radio"/> Yes — <b>Specify the type of ink:</b>  <input type="radio"/> No	If pathology ink was used, specify the type of ink.
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**Gross Evaluation of Tumor Tissue**

<b>15. Tumor tissue was released to the tissue bank?</b>	Select One: <input type="radio"/> Yes <input type="radio"/> No — <b>Specify reason if no tumor tissue will be released to the tissue bank:</b>	<b>Notify the tissue bank if no tumor tissue will be released to the tissue bank. This participant is no longer eligible to continue in the study.</b>
<b>16. Parent tissue specimen ID</b>		
<b>17. Dimensions of tissue:</b>	_____ cm x _____ cm x _____ cm (H cm x W cm x D cm)	Allocated for processing as: <input type="radio"/> Module I <input type="radio"/> Module II <input type="radio"/> Module III <input type="radio"/> Module IV <input type="radio"/> Module V <input type="radio"/> Additional tumor tissue
<b>18. Percentage of gross area of necrosis of material sent to tissue bank:</b>	_____ %	
<b>19. Percentage of tumor content of material sent to tissue bank:</b>	_____ %	

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<b>20. Gross appearance of material sent to tissue bank:</b>	Select One: <input type="radio"/> Metastatic <input type="radio"/> Tumor <input type="radio"/> Tumor Center <input type="radio"/> Tumor Edge	
<b>21. Was a second piece of tumor tissue collected:</b>	Select One: <input type="radio"/> Yes <input type="radio"/> No	
<b>22. Dimensions of second piece of tumor tissue (if applicable):</b>	_____ cm x _____ cm x _____ cm (H cm x W cm x D cm)	Allocated for processing as: <input type="radio"/> Module I <input type="radio"/> Module II <input type="radio"/> Module III <input type="radio"/> Module IV <input type="radio"/> Module V <input type="radio"/> Additional tumor tissue
<b>23. Percentage of gross area of necrosis of second piece of tumor tissue sent to tissue bank (if applicable):</b>	_____ %	
<b>24. Percentage of tumor content of second piece of tumor tissue sent to tissue bank (if applicable):</b>	_____ %	
<b>25. Gross appearance of second piece of tumor tissue sent to tissue bank (if applicable):</b>	Select One: <input type="radio"/> Metastatic <input type="radio"/> Tumor <input type="radio"/> Tumor Center <input type="radio"/> Tumor Edge	

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<b>26. Do the dimensions of each experimental piece meet the criteria specified within the BPV Surgical Tissue Collection and Preservation SOP?</b>	Select One: <input type="radio"/> Yes <input type="radio"/> No If No, specify comments/issues with deviation from the SOP.	
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Normal Adjacent Tissue Information (If Applicable)		
<b>27. Normal adjacent tissue was released to the tissue bank in addition to tumor tissue?</b>	Select One: <input type="radio"/> Yes <input type="radio"/> No	
<b>28. Dimensions of tissue:</b>	_____ cm x _____ cm x _____ cm	(H cm x W cm x D cm)

Transfer of Tissue to Tissue Bank		
<b>29. Time specimen was transferred from the pathology gross room to the tissue bank:</b>	____ : ____ (HH:MM)	