

BPV Case ID: _____

Affix BPV Case ID Barcode Label

Tissue Bank ID: _____

Form Completed By: _____

Date Form Was Completed: ___/___/_____
 (MM/DD/YYYY)

Colon Slide Pathology Review

1. Slide ID examined by pathologist:

2. Parent specimen ID of the sample from which this slide was derived:

3. Organ of origin:

- Select One:
- Cecum
 - Colon, ascending
 - Colon, descending
 - Colon, sigmoid
 - Colon, transverse
 - Hepatic flexure
 - Rectosigmoid junction
 - Rectum
 - Splenic flexure
 - Other (specify)
- Specify other organ or origin:**

If Other was selected, specify other organ of origin:

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<p>4. Histologic type:</p>	<p>Select One:</p> <p><input type="radio"/> Adenocarcinoma of colon (WHO code: 8140/3)</p> <p><input type="radio"/> Carcinoma of colon, NOS (WHO code: 8010/3)</p> <p><input type="radio"/> Carcinoma of colon, adenosquamous (WHO code: 8560/3)</p> <p><input type="radio"/> Carcinoma of colon, medullary (WHO code: 8510/3)</p> <p><input type="radio"/> Carcinoma of colon, mucinous (colloid type) (greater than 50% mucinous carcinoma) (WHO code: 8430/3)</p> <p><input type="radio"/> Carcinoma of colon, signet ring cell (greater than 50% signet ring cell) (WHO code: 8490/3)</p> <p><input type="radio"/> Carcinoma of colon, small cell (WHO code: 8041/3)</p> <p><input type="radio"/> Carcinoma of colon, squamous cell (epidermoid) (WHO code: 8070/3)</p> <p><input type="radio"/> Carcinoma of colon, undifferentiated (WHO code: 8020/3)</p> <p><input type="radio"/> Other (specify)</p> <p>Specify other histologic type:</p>	<p>If Other was selected, record other histologic type:</p>
<p>5. Greatest tumor dimension on slide:</p>	<p>_____ (mm)</p>	
<p>6. Percent of cross-sectional surface area of entire slide composed of tumor focus (includes necrotic tumor):</p>	<p>_____ %</p>	
<p>7. Percent of tumor nuclei by cell count of the entire slide (number of tumor epithelial cell nuclei as compared to all cell nuclei):</p>	<p>_____ %</p>	

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**8. Percent of cross-sectional
 surface area of entire slide
 composed of necrotic tissue:**

_____ %

Note: BPV case acceptance criteria require necrosis percentage of <20% of the entire slide AND tumor content of ≥50% tumor nuclei.

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Histologic Profile Quantitative Assessment of Tumor Should Total 100%

9. Histologic profile quantitative assessment:	Percent viable tumor by surface area (not including stroma)	%	
	Percent necrotic tumor by surface area		
	Percent tumor stroma by surface area		
	Percent non-cellular component by surface area (i.e., mucin, hemorrhage, blood clot, etc.) If present, describe non-cellular component:		
	Histologic profile total % (should equal 100%)		
10. Histologic grade (AJCC 7th edition):	Select One: <input type="radio"/> G1: Well differentiated <input type="radio"/> G2: Moderately differentiated <input type="radio"/> G3: Poorly differentiated <input type="radio"/> G4: Undifferentiated <input type="radio"/> GX: Cannot be assessed		

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Tumor Staging per AJCC 7th Edition

11. pT: Pathologic spread primary tumor (AJCC 7th edition):

Select One:

- pTX
- pT0
- pTis
- pT1
- pT2
- pT3
- pT4a
- pT4b

12. pN: Pathologic spread lymph nodes (AJCC 7th edition):

Select One:

- pNX
- pN0
- pN1
 - pN1a
 - pN1b
 - pN1c
- pN2
 - pN2a
 - pN2b

13. M: Distant metastases (AJCC 7th edition):

Select One:

- cM0
- cM1
 - cM1a
 - cM1b
- pM1
 - pM1a
 - pM1b

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14. Pathologic tumor stage group (AJCC 7th edition):

- Select One:
- Stage 0
 - Stage I
 - Stage IIA
 - Stage IIB
 - Stage IIC
 - Stage IIIA
 - Stage IIIB
 - Stage IIIC
 - Stage IVA
 - Stage IVB

15. Did pathology review of the H&E slide derived from QC FFPE tumor tissue confirm the histological type to be eligible for BPV study?

- Select One:
- Yes
 - No

16. This slide meets the microscopic analysis criteria of the BPV project of necrosis percentage of <20% AND tumor content of ≥50% tumor nuclei:

- Select One:
- Yes
 - No
- If No is selected, specify what findings do not meet the microscopic analysis criteria of the BPV project:**

17. Pathology review comments:

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Concordance With Diagnostic Pathology Report

<p>18. This slide is consistent with the findings of the diagnostic pathology report for this case:</p>	<p>Select One: <input type="radio"/> Yes <input type="radio"/> No If No is selected, specify what findings are not consistent with the diagnostic pathology report:</p>
<p>19. Name of local BSS reviewing pathologist:</p>	
<p>20. Date of slide review by the pathologist:</p>	
<p>21. Data entry in the local pathology review form was performed by:</p>	