

**Biospecimen Pre-Analytical Variables (BPV)  
 Kidney Clinical Data Entry Form**

PR-0009-F5

VER. 03.01

Effective Date: 07/16/2014

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Tissue Bank ID: \_\_\_\_\_

Form Completed By: \_\_\_\_\_

Date Completed: \_\_\_/\_\_\_/\_\_\_\_\_  
 MM/DD/YYYY

History of cancer in patient or blood relatives		
<b>1. Does the participant have a history of prior malignancy?</b>	Select One: <input type="radio"/> Yes - 9(Enter details below) <input type="radio"/> No <input type="radio"/> Unknown	
<b>Description of diagnosis. Enter each previous cancer diagnosis in a separate row. Add any additional diagnoses to the Comments on the last page of this form.</b>		<b>When diagnosis was received. Date if known or how long ago.</b>
		Date: ___/___/_____ (MM/DD/YYYY) OR Time since diagnosis was received (in years) _____
		Date: ___/___/_____ (MM/DD/YYYY) OR Time since diagnosis was received (in years) _____
		Date: ___/___/_____ (MM/DD/YYYY) OR Time since diagnosis was received (in years) _____

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2. Enter participant's blood relatives who have had a history of cancer in a separate row. Add any additional diagnoses to the Comments on the last page of this form.	Type of cancer
<input type="checkbox"/> Aunt	
<input type="checkbox"/> Brother	
<input type="checkbox"/> Daughter	
<input type="checkbox"/> Father	
<input type="checkbox"/> Mother	
<input type="checkbox"/> Sister	
<input type="checkbox"/> Son	
<input type="checkbox"/> Uncle	
<input type="checkbox"/> Grandmother	
<input type="checkbox"/> Grandfather	
<input type="checkbox"/> Nephew	
<input type="checkbox"/> Niece	
<input type="checkbox"/> Other - specify Specify Other blood relative	

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<p><b>3. Does the participant have an immunosuppressive issue (HIV, organ transplant, steroid use, etc)?</b></p>	<p>Select One:  <input type="radio"/> Yes – Check all that apply below  <input type="radio"/> No  <input type="radio"/> Unknown</p> <p>Check all that apply:  <input type="checkbox"/> HIV  <input type="checkbox"/> Organ transplant  <input type="checkbox"/> Chronic systemic steroid use  <input type="checkbox"/> Other - specify  <b>Specify Other immunosuppressive issue:</b></p>
<p><b>4. Has the participant received radiation therapy prior to surgery?</b></p>	<p>Select One:  <input type="radio"/> Yes – Describe radiation therapy below  <input type="radio"/> No  <input type="radio"/> Unknown</p>
<p><b>Describe each radiation therapy the participant received prior to surgery in a separate row. Add any additional radiation treatment to the comments section on the last page of this form.</b></p>	
<p><b>Date when radiation therapy was received. Date if known or how long ago.</b></p>	
<p>Date: ____/____/____ (MM/DD/YYYY)  <b>OR</b>  <b>Time since radiation therapy was received (in years) _____</b></p>	
<p>Date: ____/____/____ (MM/DD/YYYY)  <b>OR</b>  <b>Time since radiation therapy was received (in years) _____</b></p>	

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5. Has the participant received chemotherapy prior to surgery:	Select One:
	<input type="radio"/> Yes – Describe chemotherapy below <input type="radio"/> No <input type="radio"/> Unknown

Describe each chemotherapy treatment the participant received prior to surgery in a separate row. Add any additional chemotherapy treatment to the comments section on the last page of this form.	When chemotherapy was received. Date if known or how long ago.
	Date: ____/____/____ (MM/DD/YYYY) OR Time since chemotherapy was received (in years) _____
	Date: ____/____/____ (MM/DD/YYYY) OR Time since chemotherapy was received (in years) _____

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**6. Has the participant received immunotherapy prior to surgery?"**

- Select One:  
 Yes – Describe immunotherapy below  
 No  
 Unknown

Describe each immunotherapy the participant received prior to surgery in a separate row. Add any additional immunotherapy treatment to the comments section on the last page of this form.

When immunotherapy was received. Date if known or how long ago.

Date: \_\_\_/\_\_\_/\_\_\_\_\_  
 (MM/DD/YYYY)

OR

Time since immunotherapy was received (in years) \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_  
 (MM/DD/YYYY)

OR

Time since immunotherapy was received (in years) \_\_\_\_\_

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<b>7. Has the participant received hormonal therapy prior to surgery?</b>	Select One: <input type="radio"/> Yes-(Describe hormonal therapy below) <input type="radio"/> No <input type="radio"/> Unknown	
<b>Describe each hormonal therapy the participant received prior to surgery in a separate row. Add any additional hormonal therapy treatment to the comments section on the last page of this form.</b>		<b>When hormonal therapy was received. Date if known or how long ago.</b>
		Date: ____/____/_____ (MM/DD/YYYY) OR Time since hormonal therapy was received (in years) _____
		Date: ____/____/_____ (MM/DD/YYYY) OR Time since hormonal therapy was received (in years) _____

Infectious Diseases			
<b>8. Has the participant been diagnosed with Hepatitis B?</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
<b>9. Has the participant been diagnosed with Hepatitis C?</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
<b>10. Has the participant been diagnosed with HIV?</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
<b>Other – (Specify):</b>			

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**11. Does the participant have a history of repeatedly reactive screening assays for HIV-1 or HIV-2 antibodies regardless of the results of supplemental assays?**

Yes

No

Unknown

**Alcohol history**

**12. Alcohol consumption:**

Select One:

- Lifelong non-drinker

- Alcohol consumption equal to or less than 2 drinks per day for men and 1 drink or less per day for women

- Alcohol consumption more than 2 drinks per day for men and more than 1 drink per day for women

- Consumed alcohol in the past, but currently a non-drinker

- Alcohol consumption history not available

**13. Number of years participant has consumed more than 2 drinks per day for men and more than 1 drink per day for women:**

\_\_\_\_\_

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**Tobacco Smoking History**

<b>14. Tobacco smoking history:</b>	Select One: <input type="radio"/> - Lifelong non-smoker: Less than 100 cigarettes smoked in lifetime <input type="radio"/> - Current smoker: Includes daily and non-daily smokers – <b>(Enter details below)</b> <input type="radio"/> - Current reformed smoker for more than 15 years – <b>(Enter details below)</b> <input type="radio"/> - Current reformed smoker for less than 15 years – <b>(Enter details below)</b> <input type="radio"/> - Smoking history not available
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**Tobacco smoking details (Complete if participant is a current or current reformed smoker)**

Enter age at which the participant started smoking	Enter age at which the participant stopped smoking	On the days that the participant smoked, how many cigarettes did she/he usually smoke?	Number of pack years smoked. Pack years represent the lifetime tobacco exposure defined as number of cigarettes smoked per day times the number of years smoked divided by 20:

<b>15. Was the participant exposed to second-hand smoke?</b>	Select One: <input type="radio"/> No or minimal exposure to secondhand smoke <input type="radio"/> Yes <b>(Select exposure if known)</b> <input type="checkbox"/> Exposure to secondhand smoke in household during participant's childhood <input type="checkbox"/> Exposure to secondhand smoke in participant's current household <input type="radio"/> Exposure to secondhand smoke history not available
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**Clinical tumor stage group (AJCC 7th edition)**

<b>16. Clinical tumor stage group (AJCC 7<sup>th</sup> edition)</b>	Select One: <input type="radio"/> Stage I <input type="radio"/> Stage II <input type="radio"/> Stage III <input type="radio"/> Stage IV <input type="radio"/> Not Available	
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**Record Karnofsky Score or Eastern Cancer Oncology Group (ECOG) Score**

<b>17. Performance status scale recorded:</b>	Select One: <input type="radio"/> Karnofsky Score (complete Karnofsky score section below) <input type="radio"/> Eastern Cancer Oncology Group (complete ECOG Score section below) <input type="radio"/> Not Recorded	
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	<b>Karnofsky score</b> Select One: <input type="radio"/> 100: asymptomatic <input type="radio"/> 80-90: symptomatic but fully ambulatory <input type="radio"/> 60-70: symptomatic but in bed less than 50% of the day <input type="radio"/> 40-50: symptomatic, in bed more than 50% of the day, but not bed ridden <input type="radio"/> 20-30: bed ridden	<b>Eastern Cancer Oncology Group (ECOG) score</b> Select One: <input type="radio"/> 0: asymptomatic <input type="radio"/> 1: symptomatic but fully ambulatory <input type="radio"/> 2: symptomatic but in bed less than 50% of the day <input type="radio"/> 3: symptomatic, in bed more than 50% of the day, but not bed ridden <input type="radio"/> 4: bed ridden
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<b>18. Timing of score:</b>	Select One: <input type="radio"/> Preoperative <input type="radio"/> Pre-adjuvant therapy <input type="radio"/> Post adjuvant therapy <input type="radio"/> Unknown <input type="radio"/> Other (specify) <b>Specify other timing of score:</b>	
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19. Comments: