

PR-0009-F6

VER. 03.01

Effective Date: 03/11/2013

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BPV Case ID: _____
 Affix BPV Case Barcode Label

Completed By: _____

Tissue Bank ID: _____

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

History of cancer in patient or blood relatives.

1. Does the participant have a history of prior malignancy?

- Select One:
 Yes (Enter details below)
 No
 Unknown

Description of diagnosis. Enter each previous cancer diagnosis in a separate row. Add any additional diagnoses to comments on the last page of this form.

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

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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3. Does the participant have an immunosuppressive issue (HIV, organ transplant, steroid use, etc)?

Select One:

- Yes (Check all that apply below)
- No
- Unknown

Check all that apply:

- HIV
- Organ transplant
- Chronic systemic steroid use
- Other (specify)

Specify other immunosuppressive issue:

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<p>4. Has the participant received radiation therapy prior to surgery?</p>	<p>Select One: <input type="radio"/> Yes (Describe radiation therapy below) <input type="radio"/> No <input type="radio"/> Unknown</p>	
<p>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.</p>		<p>Date when radiation therapy was received. Date if known or how long ago.</p>
		<p>Date: ___/___/_____ (MM/DD/YYYY) OR Time since radiation therapy was received (in years) _____</p>
		<p>Date: ___/___/_____ (MM/DD/YYYY) OR Time since radiation therapy was received (in years) _____</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: <input type="radio"/> Yes (Describe immunotherapy below) <input type="radio"/> No <input type="radio"/> 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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7. Has the participant received hormonal therapy prior to surgery?	Select One: <input type="radio"/> Yes (Describe hormonal therapy below) <input type="radio"/> No <input type="radio"/> Unknown	
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.		When hormonal therapy was received. Date if known or how long ago.
		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) _____

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8. Was the patient exposed to environmental/workplace carcinogens (e.g., arsenic, asbestos, diesel exhaust, chromium and/or silica)?	Select One: <input type="radio"/> Yes (If Yes, select carcinogens that apply): <input type="checkbox"/> Exposure to arsenic <input type="checkbox"/> Exposure to asbestos <input type="checkbox"/> Exposure to diesel exhaust <input type="checkbox"/> Exposure to chromium <input type="checkbox"/> Exposure to silica <input type="radio"/> No <input type="radio"/> Unknown
	Describe circumstances and duration of exposure to environmental carcinogens if available:

Infectious diseases	
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9. Has the participant been diagnosed with Hepatitis B?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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10. Has the participant been diagnosed with Hepatitis C?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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11. Has the participant been diagnosed with HIV?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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Other (specify):

12. 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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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Alcohol history

13. 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

14. 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

15. Tobacco smoking history:

- Select One:
- Lifelong non-smoker: less than 100 cigarettes smoked in lifetime
 - Current smoker: includes daily and non-daily smokers **(Enter details below)**
 - Current reformed smoker for more than 15 years **(Enter details below)**
 - Current reformed smoker for less than 15 years **(Enter details below)**
 - Smoking history not available

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:

16. Was the participant exposed to second-hand smoke?

- Select One:
- No or minimal exposure to secondhand smoke
 - Yes **(Select exposure if known)**
 - Exposure to secondhand smoke in household during participant's childhood
 - Exposure to secondhand smoke in participant's current household
 - Exposure to secondhand smoke history not available

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Clinical tumor stage group (AJCC 7th edition)

17. Clinical tumor stage group (AJCC 7th edition)

- Select One:
- Occult carcinoma
 - Stage 0
 - Stage IA
 - Stage IB
 - Stage IIA
 - Stage IIB
 - Stage IIIA
 - Stage IIIB
 - Stage IV
 - Not Available

Record Karnofsky score or Eastern Cancer Oncology Group (ECOG) score

18. Performance status scale recorded:

- Select One:
- Karnofsky Score **(Complete Karnofsky score section below)**
 - Eastern Cancer Oncology Group **(Complete ECOG score section below)**
 - Not Recorded

Karnofsky score

- Select One:
- 100: asymptomatic
 - 80–90: symptomatic but fully ambulatory
 - 60–70: symptomatic but in bed less than 50% of the day
 - 40–50: symptomatic, in bed more than 50% of the day, but not bed ridden
 - 20–30: bed ridden

Eastern Cancer Oncology Group (ECOG) score

- Select One:
- 0: asymptomatic
 - 1: symptomatic but fully ambulatory
 - 2: symptomatic but in bed less than 50% of the day
 - 3: symptomatic, in bed more than 50% of the day, but not bed ridden
 - 4: bed ridden

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19. Timing of score:

Select One:

- Pre-operative
- Pre-adjuvant therapy
- Post adjuvant therapy
- Unknown
- Other (specify)

Specify other timing of score:

20. Comments: