Case Quality Control Form (CQCF): Lung

Tissue Source Site (TSS) Name: _____________ TSS Identifier: ___________ TSS Unique Patient #: ___________

Completed By: ____________________________________________ Completion Date (MM/DD/YYYY): _____________

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| 1          | Has this TSS received permission from the NCI to provide time intervals as a substitute for requested dates on this form? | Yes | No | Please note that time intervals must be recorded in place of dates where designated throughout this form if you have selected “yes” in the box to the left.  
*Note 1: Provided time intervals must begin with the date of initial pathologic diagnosis. (i.e., biopsy or resection)  
*Note 2: Only provide interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form. |
| 2          | Tumor Identifier | | | 3288096  
Provide the TSS unique tumor ID. If multiple pieces of tumor are submitted, each tumor needs a unique ID.  
*Note: If submitting multiple pieces of the same primary tumor for this case, complete the tumor information for each piece of tumor sent to the BCR. |
| 3          | Lung Squamous: Histologic Subtype | Papillary Squamous Cell Carcinoma | Clear Cell Squamous Cell Carcinoma | Small Cell Squamous Cell Carcinoma | Basaloid Squamous Cell Carcinoma | Squamous Cell Carcinoma, Not Otherwise Specified (NOS) | 3081934  
Indicate the histologic subtype for the lung squamous cell tumor sample being submitted to TCGA.  
*Note 1: The listed histologies are the only squamous cell histologies being accepted for the TCGA Project.  
*Note 2: Squamous Cell Carcinoma tumors are allowed a minor component of < or = 5% Adenocarcinoma. |
| 4          | Lung Adeno: Histologic Subtype | Adenocarcinoma, Mixed Subtype | Acinar Adenocarcinoma | Papillary Adenocarcinoma | Bronchioloalveolar Carcinoma, Mucinous | Bronchioloalveolar Carcinoma, Non-Mucinous | Solid Pattern Predominant Adenocarcinoma | Micropapillary Adenocarcinoma | Fetal Adenocarcinoma | Mucinous Cystadenocarcinoma | Mucinous (Colloid) Adenocarcinoma | Signet Ring Adenocarcinoma | Clear Cell Adenocarcinoma | Adenocarcinoma, Not Otherwise Specified (NOS) | 3081934  
Indicate the histologic subtype for the lung adenocarcinoma tumor sample being submitted to TCGA.  
*Note: The listed histologies are the only adenocarcinoma histologies being accepted for the TCGA Project. |
| 5          | Tumor Type | Primary | | | | | | | | | | | | 3288124  
Confirm that the tumor being submitted to TCGA is a primary untreated malignant biospecimen. |
| 6          | Tumor Site (Anatomic Site of Frozen Biospecimen) | Right Upper Lobe Lung | Right Middle Lobe Lung | Right Lower Lobe Lung | Left Upper Lobe Lung | Left Lower Lobe Lung | Bronchus | Other (please specify below) | 2008006  
Indicate the tumor site (anatomic site of the frozen tumor) submitted for TCGA. |
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<tr>
<td>7</td>
<td>Other Anatomic Site of Frozen Biospecimen</td>
<td></td>
<td>3320289 If the anatomic site of the frozen biospecimen is not included in the provided list, indicate the other anatomic site of the frozen tumor submitted to TCGA.</td>
</tr>
<tr>
<td>8</td>
<td>Date of Cancer Sample Procurement</td>
<td>☐ ☐ (MM)</td>
<td>3008197 Provide the month of the procedure performed to obtain the malignant tissue submitted for TCGA.</td>
</tr>
<tr>
<td>9</td>
<td>Day of Cancer Sample Procurement</td>
<td>☐ ☐ (DD)</td>
<td>3008195 Provide the day of the procedure performed to obtain the malignant tissue submitted for TCGA.</td>
</tr>
<tr>
<td>10</td>
<td>Year of Cancer Sample Procurement</td>
<td>☐ ☐ ☐ ☐ (YYYY)</td>
<td>3008199 Provide the year of the procedure performed to obtain the malignant tissue submitted for TCGA.</td>
</tr>
<tr>
<td>11</td>
<td>Number of Days from Date of Initial Pathologic Diagnosis to Date of Cancer Sample Procurement</td>
<td></td>
<td>3288495 Provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the date of the procedure that produced the malignant sample submitted for TCGA. Note: Only provide interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.</td>
</tr>
<tr>
<td>12</td>
<td>Method of Cancer Sample Procurement</td>
<td>☐ Cytology</td>
<td>3103514 Indicate the procedure performed to obtain the malignant tissue submitted for TCGA.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Fine Needle Aspiration Biopsy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Incisional Biopsy</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>☐ Excisional Biopsy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Tumor Resection</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Other Method (please specify below)</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Other Method of Cancer Sample Procurement</td>
<td></td>
<td>2006730 If the procedure performed to obtain the malignant tissue is not included in the provided list, specify the procedure.</td>
</tr>
<tr>
<td>14</td>
<td>Country of Cancer Sample Procurement</td>
<td></td>
<td>3203072 Provide the country where the tissue submitted for TCGA was procured.</td>
</tr>
<tr>
<td>15</td>
<td>Race</td>
<td>☐ American Indian or Alaska Native</td>
<td>A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Asian</td>
<td>A person having origins in any of the original peoples of the far East, Southeast Asia, or in the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ White</td>
<td>A person having origins in any of the original peoples of the far Europe, the Middle East, or North Africa.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Black or African American</td>
<td>A person having origins in any of any of the black racial groups of Africa. Terms such as “Haïtien” or “Negro” can be used in addition to “Black or African American.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Native Hawaiian or other Pacific Islander:</td>
<td>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Not Reported: Not provided or available.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Unknown: Could not be determined.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2192199 Provide the patient’s race using the defined categories.</td>
</tr>
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| 16 | Ethnicity | □ Not Hispanic or Latino  
A person not meeting the definition of Hispanic or Latino.  
□ Hispanic or Latino  
A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.  
□ Not Evaluated  
Not provided or available.  
□ Unknown  
Could not be determined or unsure. | 2192217  
Provide the patient’s ethnicity using the defined categories. |
| 17 | Vessel Used | □ Cryovial  
□ Cryomold  
□ Cassette  
□ Biospecimen Storage Bag  
□ Other vessel  
(please specify below) | 3081940  
Indicate the type of vessel used to ship the tissue to the Biospecimen Core Resource (BCR) for TCGA. |
| 18 | Other Vessel Used | ______________________ | 3288137  
If the vessel used to ship tissue to the Biospecimen Core Resource (BCR) is not included in the provided list, specify the other type of vessel used. |
| 19 | Weight of Frozen Tumor | ______________________ | 3081946  
Provide the weight of the tumor sample submitted for TCGA.  
Note: (0.2cm³ [0.6cm * 0.6cm * 0.6cm] = ~200mg) |
| 20 | Is Tumor Sample being Submitted for Laser Cryo Enrichment (LCE) Processing? | □ Yes  
□ No | 3288488  
Indicate if the tumor sample being submitted is to be processed using Laser Cryo Enrichment (LCE). |
| 21 | Tumor Nuclei % | ______________________ | 2841225  
Provide the percent of tumor nuclei for the sample submitted for TCGA.  
Note: Check with the BCR to confirm the current acceptable TCGA metrics. |
| 22 | Tumor Necrosis % | ______________________ | 2841237  
Provide the percent of necrosis for the sample submitted for TCGA.  
Check  
Note: Check with the BCR to confirm the current acceptable TCGA metrics. |
| 23 | Was sample prescreened at site? | □ Yes  
□ No | 3081942  
Indicate whether the sample submitted to the BCR was prescreened at the TSS. |
| 24 | Will Top Slide be submitted to the BCR? | □ Yes  
□ No | 3081944  
Indicate whether a physical top slide for the sample submitted to the BCR will be shipped with the tissue sample.  
Note: Top slide definition: Slide cut directly from frozen biospecimen = mirror image of inked surface. |
| 25 | Will Digital Slide Image be submitted to the BCR? | □ Yes  
□ No | 3081948  
Indicate whether a digital slide image for the sample submitted to the BCR will be shipped with the tissue sample.  
Note: Physical top slides are preferred. |
| 26 | Top Slide / Digital Slide Image ID # | ______________________ | 2321277  
Provide the slide ID for the physical top slide OR the digital slide image being sent to the BCR. |
| 27 | Normal Identifier | ______________________ | 3288138  
Provide the TSS unique normal ID. If multiple normal control samples are submitted, each normal control needs a unique ID. |
| 28 | Type of Normal Control | □ Whole Blood  
□ Lymphocytes (Buffy Coat)  
□ Extracted DNA from Blood  
□ Normal Tissue | 3081936  
Indicate the type of normal control submitted for this case.  
Note: Whole blood is preferred. Normal tissue is only allowable with NCI approval. |
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| 29        | Anatomic Site of Normal Tissue                         | ☐ Right Upper Lobe Lung  
☐ Right Middle Lobe Lung  
☐ Right Lower Lobe Lung  
☐ Left Upper Lobe Lung  
☐ Left Lower Lobe Lung  
☐ Bronchus  
☐ Other (please specify below) | 3081938  
If the normal control type is normal tissue, indicate the anatomic site of the non-neoplastic control tissue submitted for TCGA.  
*Note: If normal tissue is being submitted, site matched is preferred.* |
| 30        | Other Anatomic Site of Normal Tissue                   | _______________________________                                                                 | 3288189  
If the normal control type is normal tissue and the anatomic site is not included in the provided list, specify the site of the non-neoplastic control. |
| 31        | Proximity of Normal Tissue to Tumor                    | ☐ Distal (≥ 2 cm) from the primary tumor  
☐ Adjacent (<2 cm) from the primary tumor | 3088708  
If normal tissue is being submitted, confirm that the normal tissue is ≥ 2.0 cm from the primary lung tumor.  
*Note: Adjacent and/or tissue of unknown proximity are not accepted for this tissue type.* |
| Date of Normal Sample Procurement | | | |
| 32        | Month of Normal Sample Procurement                     | ☐ ☐ (MM)                                                                                   | 3288195  
Provide the month of the procedure performed to obtain the normal control sample for TCGA. |
| 33        | Day of Normal Sample Procurement                       | ☐ ☐ (DD)                                                                                   | 3288196  
Provide the day of the procedure performed to obtain the normal control sample for TCGA. |
| 34        | Year of Normal Sample Procurement                      | ☐ ☐ ☐ ☐ (YYYY)                                                                             | 3288197  
Provide the year of the procedure performed to obtain the normal control sample for TCGA. |
| 35        | Number of Days from Date of Initial Pathologic diagnosis to Date of Normal Sample Procurement | _______________________________                                                                 | 3288496  
Provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the date of the procedure that produced the normal control sample submitted for TCGA.  
*Note: Only provide interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.* |
| 36        | Method of Normal Sample Procurement                    | ☐ Blood Draw  
☐ Cytology  
☐ Fine Needle Aspiration Biopsy  
☐ Incisional Biopsy  
☐ Excisional Biopsy  
☐ Tumor Resection  
☐ Other Method (please specify below) | 3288147  
Indicate the procedure performed to obtain the normal sample submitted for TCGA. |
| 37        | Other Method of Normal Sample Procurement              | _______________________________                                                                 | 3288151  
If the procedure performed to obtain the normal sample is not included in the provided list, specify the procedure. |
| 38        | Normal Slide ID #                                      | _______________________________                                                                 | 3288217  
If the normal control type is normal tissue, provide the slide ID for the physical top slide or the digital slide image of the normal control being sent to the BCR. |
| 39        | Extracted DNA Quantity                                 | _______________________________                                                                 | 3288185  
If the normal control type is extracted DNA from blood, provide the quantity (µg) of the normal control sample sent to the BCR for TCGA. |
| 40        | Extracted DNA Quantification Method                    | _______________________________                                                                 | 3288186  
If the normal control type is extracted DNA from blood, provide the quantification method of the normal control sample sent to the BCR for TCGA. |
| 41        | Extracted DNA Concentration                            | _______________________________                                                                 | 3288187  
If the normal control type is extracted DNA from blood, provide the concentration (µg/ µL) of the normal control sample sent to the BCR. |
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<td>42</td>
<td>Extracted DNA Volume</td>
<td>________________</td>
<td>3288188 if the normal control type is extracted DNA from blood, provide the volume (µL) of the normal control sample sent to the BCR for TCGA.</td>
</tr>
<tr>
<td>43</td>
<td>Name of Pathologist</td>
<td>________________</td>
<td>3288225 Provide the name of the Pathologist that reviewed and prescreened the top slide and provided the information for all previous sections.</td>
</tr>
<tr>
<td>44</td>
<td>Date of Pathologist Review</td>
<td>□□/□□/□□□□ (MM/DD/YYYY)</td>
<td>3288224 Provide the date of the pathology prescreening review performed by the TSS pathologist above.</td>
</tr>
<tr>
<td>45</td>
<td>Number of Days from Date of Initial Pathologic Diagnosis to Date of Pathological Review</td>
<td>________________</td>
<td>3288497 Provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the date of the pathological review performed as part of the submission process for TCGA.</td>
</tr>
<tr>
<td>46</td>
<td>Percent Tumor Nuclei meets TCGA metrics?</td>
<td>□ Yes □ No</td>
<td>3288520 Confirm that the malignant sample submitted to the BCR meets the current tumor nuclei metrics for TCGA. Check with the BCR to confirm the current acceptable TCGA metrics.</td>
</tr>
<tr>
<td>47</td>
<td>Percent Tumor Necrosis meets TCGA metrics?</td>
<td>□ Yes □ No</td>
<td>3288524 Confirm that the malignant sample submitted to the BCR meets the current necrosis metrics for TCGA. Check with the BCR to confirm the current acceptable TCGA metrics.</td>
</tr>
<tr>
<td>48</td>
<td>Is the histologic diagnosis on the CQCF (as determined by the TSS pathology review of the TCGA frozen section top slide) consistent with the histology listed in the final diagnosis on the pathology report?</td>
<td>□ Yes (skip related question below). □ No</td>
<td>3288300 Confirm that the diagnosis provided on this CQCF for the tumor sample being submitted to TCGA is consistent with the diagnosis found on the patient’s pathology report for the tumor being sent to the BCR.</td>
</tr>
<tr>
<td>49</td>
<td>If the diagnosis on this form is not consistent with the provided pathology report, indicate the reason for the inconsistency.</td>
<td>□ Macrodissection performed at TSS to select for region containing an acceptable TCGA diagnosis □ Pathology analysis at TSS determined a specific histological subtype different from original pathology report (see note at right) □ Pathology review of frozen section for TCGA determined histological subtype different from the pathology report (see note at right)</td>
<td>3288315 If the diagnosis provided on this form is not consistent with the diagnosis found on the patient’s pathology report for the tumor being submitted for TCGA, specify a reason for this inconsistency.</td>
</tr>
<tr>
<td>50</td>
<td>De-Identified Pathology Report Submitted?</td>
<td>□ Yes □ No</td>
<td>3288292 Confirm that a de-identified pathology report will be sent to BCR prior to or with the shipment of the physical samples.</td>
</tr>
<tr>
<td>51</td>
<td>History of Neo-Adjuvant Treatment to Tumor Specimen Submitted for TCGA</td>
<td>□ No □ Radiation Prior to Sample Procurement</td>
<td>3382737 Indicate whether the patient received therapy for this cancer prior to sample procurement of the tumor submitted for TCGA. If the patient did receive treatment for this cancer prior to procurement,</td>
</tr>
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| 52         | Has the Patient Had Any Prior Cancer Diagnosed? | ☐ No ☐ History of Prior Malignancy ☐ History of Synchronous / Bilateral Malignancy | 3382736
Indicate whether the patient has a history of prior malignancies. **Note 1:** If this question cannot be answered because the answer is unknown, the case will be excluded from TCGA. **Note 2:** If the patient has any history of prior malignancies, including synchronous or bilateral malignancies, please complete an “Other Malignancy Form” for each malignancy diagnosed prior to the procurement of the tissue submitted for TCGA. If the patient has a history of multiple diagnoses of basal and/or squamous cell skin cancers, complete an “Other Malignancy Form” for the first diagnosis for each of these types. |
| 53         | Consent Status     | ☐ Consented ☐ Deceased ☐ Exemption 4 ☐ Waiver | 3288361
Indicate whether the patient was formally consented, consented by death, or if the case has an exemption or waiver for consent indicate whether the patient was formally consented, consented by death, or if the case has an exemption or waiver for consent. **Note:** Either the Date of Consent or the Date of Death must be provided to qualify. |
| 54         | Month of Consent   | ☐ ☐ (MM)                | 3081955
If the patient was formally consented, provide the month of consent. **Note:** Do not answer this question if the patient consented by death only. |
| 55         | Day of Consent     | ☐ ☐ (DD)                | 3081957
If the patient was formally consented, provide the day of consent. **Note:** Do not answer this question if the patient consented by death only. |
| 56         | Year of Consent    | ☐ ☐ ☐ ☐ (YYYY)          | 3081959
If the patient was formally consented, provide the year of consent. **Note:** Do not answer this question if the patient consented by death only. |
| 57         | Number of Days from Date of Initial Pathologic diagnosis to Date of Consent | _____ | 3288498
If the patient formally consented, provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the date of the patient’s formal consent. **Note:** Only provide interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form. |
| 58         | Month of Death     | ☐ ☐ (MM)                | 2897026
If the patient consented by death, provide the month of death. **Note:** If the patient formally consented, only supply the date the patient consented. |
| 59         | Day of Death       | ☐ ☐ (DD)                | 2897028
If the patient consented by death, provide the day of death **Note:** If the patient formally consented, only supply the date the patient consented. |
| 60         | Year of Death      | ☐ ☐ ☐ ☐ (YYYY)          | 2897030
If the patient consented by death, provide the year of death. **Note:** If the patient formally consented, only supply the date the patient consented. |
| 61         | Number of Days from Date of Initial Pathologic diagnosis to Date of Death | _____ | 3288499
If the patient consented by death, provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the date of the patient’s death. **Note 1:** Only provide interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form. **Note 2:** If the patient formally consented prior to death, do not... |
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<td></td>
<td>answer this question. Only answer the question above that asks for the number of days between the date of diagnosis and the date of the patient consent.</td>
</tr>
</tbody>
</table>

Comments:

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Principal Investigator Name: ________________________ Principal Investigator Signature: _________________________

Date Signed (MM/DD/YYYY): __________________________