

## Sample Submission Form

Burkitt Lymphoma Genome Sequencing Project (BLGSP)

**Instructions:** This form should be completed for all cases submitted for BLGSP, prior to the shipment of samples to Nationwide Children's Hospital.

**Questions regarding this form should be directed to the Office of Cancer Genomics (OCG).**

Tissue Source Site (TSS) acknowledges that the Biospecimen Processing Core (BPC) will assess the tissue quality of the frozen biospecimen to determine whether it meets the metrics required by BLGSP. If the BPC identifies a possible discrepancy, the TSS authorizes the BPC to report these results to the TSS by means of a formal report in confidential email format for the quality assurance program of the TSS to address.

Tissue Source Site (TSS): \_\_\_\_\_ TSS Identifier: \_\_\_\_\_ TSS Unique Patient Identifier: \_\_\_\_\_

Completed by (interviewer name in OpenClinica): \_\_\_\_\_ Completed Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Verification of BLGSP Requirements

Prior to the shipment of samples to the BPC, the TSS must answer the following questions to verify that BLGSP requirements are met. For a complete list of requirements, please contact the Office of Cancer Genomics.

#	Question	Entry Alternatives	Working Instructions
1*	BLGSP Patient Identifier	_____	<p>The patient identifier is part of the BLGSP identifier is provided by the OCG project office and is defined below:</p> <p>Example: BLGSP-71-05-<b>12345</b>-01-A</p> <p>BLGSP: The Burkitt Lymphoma Genome Sequencing Project            71: Disease Code for Non-Hodgkin's Lymphoma, Burkitt lymphoma            05: Tissue Source Site Identifier  <b>12345: Sample/Patient Identifier</b>            01: This defines the type of sample submitted.            A: This defines the aliquot/portion of the sample submitted.  <b>Please provide only the patient identifier, not the entire BLGSP identifier.</b></p>
2*	Tumor Type	<input type="checkbox"/> Primary Untreated Malignant Tumor Tissue <input type="checkbox"/> Metastatic Malignant Tumor Tissue <input type="checkbox"/> Recurrent Malignant Tumor Tissue <input type="checkbox"/> Additional Primary Malignant Tumor Tissue	<p>Indicate the tumor category of the tumor submitted for BLGSP.  <b>If tumor type is other than primary untreated malignant tumor tissue, contact OCG for assistance.</b>  <a href="#">3288124</a></p>
3*	Histological Subtype	<input type="checkbox"/> Burkitt Lymphoma	<p>Indicate the histologic subtype for the tumor sample being submitted.  <a href="#">3081934</a></p>
4*	Burkitt Lymphoma Clinical Variant	<input type="checkbox"/> Sporadic, Adult <input type="checkbox"/> Sporadic, Pediatric <input type="checkbox"/> Endemic <input type="checkbox"/> Immunodeficiency-associated, Adult <input type="checkbox"/> Immunodeficiency-associated, Pediatric	<p>Provide the clinical variant of the Burkitt Lymphoma case submitted for BLGSP.  <a href="#">3770421</a></p>
5*	History of Other Malignancy (Including ALL Prior and Synchronous Malignancies)	<input type="checkbox"/> Yes (exclusionary, see note at right) <input type="checkbox"/> No	<p>Indicate whether the patient has a history of malignancies, including synchronous or bilateral malignancies. If the patient has a prior or synchronous malignancy, excluding <i>in situ</i> cervical cancer or non-melanoma skin cancer, the case is not eligible for BLGSP.  <a href="#">3382736</a>  <b>In situ cervical cancer and non-melanoma skin cancer are allowable.</b></p>
6*	History of Neoadjuvant Treatment (prior to procurement) of Tumor Submitted for BLGSP	<input type="checkbox"/> Yes (exclusionary, see note at right) <input type="checkbox"/> No	<p>Indicate whether the patient received therapy for the tumor submitted for BLGSP prior to the sample procurement. If the patient did receive treatment prior to procurement, the case is not eligible for BLGSP.  <b>Any systemic or localized (those administered to the same site as the BLGSP submitted tissue) therapies given prior to the procurement of the sample submitted for BLGSP are exclusionary.</b>  <a href="#">3382737</a></p>

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#	Question	Entry Alternatives	Working Instructions
7*	Consent Status	<input type="checkbox"/> Formally Consented <input type="checkbox"/> Consented by Death <input type="checkbox"/> Exemption ( <i>see note at right</i> ) <input type="checkbox"/> Waiver ( <i>see note at right</i> )	Indicate whether the patient was formally consented, consented by death, or if the case has an exemption or waiver for consent. <b>Exemptions and waivers for consent must be approved by OCG.</b> <a href="#">3288361</a>
8†	Date of Formal Consent	_____ <i>Month</i> <i>Day</i> <i>Year</i>	If the patient was formally consented, provide the month of consent. <a href="#">3081955</a> (month), <a href="#">3081957</a> (day), <a href="#">3081959</a> (year)
9†	Date of Death	_____ <i>Month</i> <i>Day</i> <i>Year</i>	If the patient consented by death (i.e. they did not formally consent), provide the month of death. <b>Do not complete if the patient formally consented.</b> <a href="#">2897026</a> (month), <a href="#">2897028</a> (day), <a href="#">2897030</a> (year)

### Tumor Information

The following information must be completed for the tumor sample submitted for BLGSP and should be answered specifically about the submitted sample(s). If multiple vials of the tumor sample are submitted, the "Tumor Sample Information" must be completed for each vial submitted to the BPC.

**The tumor sample ID is part of the BLGSP identifier is provided by the OCG project office and is defined below:**

**BLGSP:** The Burkitt Lymphoma Genome Sequencing Project

**71:** Disease Code for Non-Hodgkin's Lymphoma, Burkitt lymphoma

**05:** Tissue Source Site Identifier

**12345:** Sample/Patient Identifier

**01:** This defines the type of sample submitted (i.e. primary tumor = 01, normal blood =10). For a complete list see BLGSP SOP #007.

**A:** This defines the aliquot/portion of the sample submitted. If multiple portions of the same sample are submitted they would have multiple IDs with A, B, C, etc. added to the sample ID.

10*	11*	12*	13*	14†
Tumor Sample ID	Vial ID	Tumor Sample Type	Preservation Method	Total Number of Cells Counted
3288096	2186575	3812626	5120693	2006887
Provide the TSS unique tumor ID. If multiple pieces of tumor are submitted, each tumor sample needs a unique ID.	Provide the vial ID. If multiple vials are submitted, each tumor sample needs a unique ID.	Indicates whether the physical tumor sample submitted was provided as a portion cut from a larger piece of tumor, a FFPE block, scrolls cut from a FFPE block, or an unstained slide.	The method used to preserve the sample.	If sorted cells were submitted, provide the number of cells counted.
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y	<input type="checkbox"/> Portion <input type="checkbox"/> Block <input type="checkbox"/> Scroll <input type="checkbox"/> Unstained Slide <input type="checkbox"/> Sorted Cells ( <i>please provide flow cytometry report, see #19</i> )	<input type="checkbox"/> FFPE <input type="checkbox"/> Frozen	
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y	<input type="checkbox"/> Portion <input type="checkbox"/> Block <input type="checkbox"/> Scroll <input type="checkbox"/> Unstained Slide <input type="checkbox"/> Sorted Cells ( <i>please provide flow cytometry report, see #19</i> )	<input type="checkbox"/> FFPE <input type="checkbox"/> Frozen	
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y	<input type="checkbox"/> Portion <input type="checkbox"/> Block <input type="checkbox"/> Scroll <input type="checkbox"/> Unstained Slide <input type="checkbox"/> Sorted Cells ( <i>please provide flow cytometry report, see #19</i> )	<input type="checkbox"/> FFPE <input type="checkbox"/> Frozen	

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#	Question	Entry Alternatives	Working Instructions
15*	Method of Tumor Sample Procurement	<input type="checkbox"/> Bone Marrow Aspirate <input type="checkbox"/> Excisional Biopsy <input type="checkbox"/> Incisional Biopsy <input type="checkbox"/> Needle Biopsy <input type="checkbox"/> Surgical Resection <input type="checkbox"/> Other (Please Specify)	Indicate the procedure performed to obtain the malignant tissue submitted for BLGSP. <a href="#">3103514</a>
16†	Other Method of Tumor Sample Procurement	_____	If the procedure performed to obtain the malignant tissue is not included in the provided list, indicate the procedure performed. <a href="#">2006730</a>
17*	Anatomic Site of Frozen Biospecimen	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Adrenal Gland  <input type="checkbox"/> Appendix  <input type="checkbox"/> Ascites  <input type="checkbox"/> Bladder  <input type="checkbox"/> Bone  <input type="checkbox"/> Bone Marrow  <input type="checkbox"/> Brain  <input type="checkbox"/> Breast  <input type="checkbox"/> Colon  <input type="checkbox"/> Epididymis  <input type="checkbox"/> Epidural Space  <input type="checkbox"/> Esophagus  <input type="checkbox"/> Eye  <input type="checkbox"/> Gallbladder  <input type="checkbox"/> Heart  <input type="checkbox"/> Kidney  <input type="checkbox"/> Larynx  <input type="checkbox"/> Leptomeninges  <input type="checkbox"/> Liver  <input type="checkbox"/> Lung  <input type="checkbox"/> Lymph Node(s), axillary  <input type="checkbox"/> Lymph Node(s), cervical  <input type="checkbox"/> Lymph Node(s), epitrochlear  <input type="checkbox"/> Lymph Node(s), femoral  <input type="checkbox"/> Lymph Node(s), hilar  <input type="checkbox"/> Lymph Node(s), iliac  <input type="checkbox"/> Lymph Node(s), iliac-common  <input type="checkbox"/> Lymph Node(s), iliac-external  <input type="checkbox"/> Lymph Node(s), mediastinal  <input type="checkbox"/> Lymph Node(s), mesenteric  <input type="checkbox"/> Lymph Node(s), occipital  <input type="checkbox"/> Lymph Node(s), paraaortic  <input type="checkbox"/> Lymph Node(s), parotid  <input type="checkbox"/> Lymph Node(s), popliteal  <input type="checkbox"/> Lymph Node(s), retroperitoneal           </div> <div style="width: 50%;"> <input type="checkbox"/> Lymph Node(s), splenic  <input type="checkbox"/> Lymph Node(s), submandibular  <input type="checkbox"/> Lymph Node(s), supraclavicular  <input type="checkbox"/> Mandible  <input type="checkbox"/> Maxilla  <input type="checkbox"/> Mediastinal Soft Tissue  <input type="checkbox"/> Nasal Soft Tissue  <input type="checkbox"/> Nasopharynx  <input type="checkbox"/> Ocular orbits  <input type="checkbox"/> Oral Cavity  <input type="checkbox"/> Oropharynx  <input type="checkbox"/> Ovary  <input type="checkbox"/> Pancreas  <input type="checkbox"/> Parotid Gland  <input type="checkbox"/> Pericardium  <input type="checkbox"/> Peri-orbital Soft Tissue  <input type="checkbox"/> Peripheral Blood  <input type="checkbox"/> Pleura  <input type="checkbox"/> Prostate  <input type="checkbox"/> Rectum  <input type="checkbox"/> Salivary Gland  <input type="checkbox"/> Sinus(es)  <input type="checkbox"/> Skin  <input type="checkbox"/> Small Intestine  <input type="checkbox"/> Soft Tissue (<i>muscle, ligaments, subcutaneous</i>)  <input type="checkbox"/> Stomach  <input type="checkbox"/> Testicle  <input type="checkbox"/> Thymus  <input type="checkbox"/> Thyroid gland  <input type="checkbox"/> Uterus  <input type="checkbox"/> Other, please specify           </div> </div>	Indicate the anatomic site of the frozen biospecimen tumor tissue sample. <a href="#">4742851</a>
18†	Other Anatomic Site of Frozen Biospecimen	_____	Name of the anatomic site of a frozen biospecimen that is different from those already specified. <a href="#">4742871</a>
19*	Date of Tumor Sample Procurement	_____ <i>Month</i> <i>Day</i> <i>Year</i>	Provide the date of the procedure performed to obtain the malignant tissue submitted for BLGSP. <a href="#">3008197</a> (month), <a href="#">3008195</a> (day), <a href="#">3008199</a> (year)

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20	De-Identified Reports Associated with Tumor Sample	<b>Attach <u>De-Identified</u> Reports in OpenClinica or Submit to the BPC</b>	Associated reports may include: flow cytometry report, pathology report, immunohistochemistry reports, etc. <i>All reports should be de-identified prior to sending to the BPC.</i>
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**Tumor Slide Information**

The following information must be completed if slides are submitted for BLGSP tumor samples. If multiple slides are submitted, ALL QUESTIONS should be completed for each slide.

21*	22*
<b>Type(s) of Slides Submitted</b> (select only one for each ID)	<b>Slide or Digital Image ID</b>
3521909	2321277
The type of slide submitted, which includes both the preservation method and format of the slide. This question should be answered for each tumor slide submitted.	The identifier for the slide or digital image provided to the BPC.
<input type="checkbox"/> Physical Slide - Frozen Top Slide <input type="checkbox"/> Physical Slide - FFPE Top Slide <input type="checkbox"/> Physical Slide - FFPE Diagnostic Slide	<input type="checkbox"/> Digital Slide Image - Frozen Top Slide <input type="checkbox"/> Digital Slide Image - FFPE Top Slide <input type="checkbox"/> Digital Slide Image - FFPE Diagnostic Slide
<input type="checkbox"/> Physical Slide - Frozen Top Slide <input type="checkbox"/> Physical Slide - FFPE Top Slide <input type="checkbox"/> Physical Slide - FFPE Diagnostic Slide	<input type="checkbox"/> Digital Slide Image - Frozen Top Slide <input type="checkbox"/> Digital Slide Image - FFPE Top Slide <input type="checkbox"/> Digital Slide Image - FFPE Diagnostic Slide
<input type="checkbox"/> Physical Slide - Frozen Top Slide <input type="checkbox"/> Physical Slide - FFPE Top Slide <input type="checkbox"/> Physical Slide - FFPE Diagnostic Slide	<input type="checkbox"/> Digital Slide Image - Frozen Top Slide <input type="checkbox"/> Digital Slide Image - FFPE Top Slide <input type="checkbox"/> Digital Slide Image - FFPE Diagnostic Slide

**Normal Control Information**

The following information must be completed for the normal control sample submitted for BLGSP and should be answered specifically about the submitted control(s). If multiple normal control types are submitted, ALL QUESTIONS should be completed for each sample. If multiple vials of the same normal control are submitted, the "Normal Control Sample Information" must be completed for each vial submitted to the BPC.

23*	24*
<b>Normal Control ID</b>	<b>Vial ID</b>
3288138	2186575
Provide the TSS unique normal ID. If multiple normal control samples are submitted, each normal control needs a unique ID.	Provide the vial ID. If multiple vials are submitted, each normal sample needs a unique ID.
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z

#	Question	Entry Alternatives	Working Instructions
25*	Type(s) of Normal Control(s) <i>Check all that apply</i>	<input type="checkbox"/> Whole Blood* <input type="checkbox"/> Buccal Cells <input type="checkbox"/> Granulocytes <input type="checkbox"/> Lymphocytes (buffy coat)* <input type="checkbox"/> Extracted DNA from Blood* <input type="checkbox"/> Extracted DNA from Buccal Cells <input type="checkbox"/> Mononuclear Cells from Bone Marrow Normal <input type="checkbox"/> Normal Tissue <input type="checkbox"/> Sorted Cells ( <i>please provide flow cytometry report, see #33</i> )	Indicate the type(s) of normal control(s) submitted for this case. <i>*These normal controls are only allowable if there is NO evidence of Burkitt Lymphoma in the peripheral blood.</i> <a href="#">3081936</a>

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26*	Method of Normal Control Procurement	<input type="checkbox"/> Blood Draw <input type="checkbox"/> Buccal Swab <input type="checkbox"/> Mouthwash	<input type="checkbox"/> Bone Marrow Aspirate <input type="checkbox"/> Surgical Resection <input type="checkbox"/> Other	Indicate the procedure performed to obtain the normal control sample submitted for BLGSP. <a href="#">3288147</a>
27†	Other Method of Normal Control Procurement			If the method used to collect the normal control is not included in the provided list, specify the method used. <a href="#">3288151</a>
28*	Date of Normal Control Procurement	_____ <i>Month</i> <i>Day</i> <i>Year</i>		Provide the date of the procedure performed to obtain the normal control submitted for BLGSP. <a href="#">3288195</a> (month), <a href="#">3288196</a> (day), <a href="#">3288197</a> (year)
29†	Extracted DNA Quantity of Normal Control	_____ (µg)		If the normal control type is extracted DNA, provide the quantity (µg) of the normal control sample sent to the BPC for BLGSP. <a href="#">3288185</a>
30†	Extracted DNA Quantification Method of Normal Control	_____		If the normal control type is extracted DNA, provide the quantification method of the normal control sample sent to the BPC for BLGSP. <a href="#">3288186</a>
31†	Extracted DNA Concentration of Normal Control	_____ (µg/µL)		If the normal control type is extracted DNA, provide the concentration (µg/ µL) of the normal control sample sent to the BPC for BLGSP. <a href="#">3288187</a>
32†	Extracted DNA Volume of Normal Control	_____ (µL)		If the normal control type is extracted DNA, provide the volume (µL) of the normal control sample sent to the BPC for BLGSP. <a href="#">3288188</a>
33†	Anatomic Site of Normal Sample	<input type="checkbox"/> Appendix <input type="checkbox"/> Blood <input type="checkbox"/> Colon <input type="checkbox"/> Gallbladder <input type="checkbox"/> Liver	<input type="checkbox"/> Lymph Node(s) <input type="checkbox"/> Muscle <input type="checkbox"/> Pancreas <input type="checkbox"/> Skin <input type="checkbox"/> Small Intestine	<input type="checkbox"/> Spleen <input type="checkbox"/> Stomach <input type="checkbox"/> Tonsil <input type="checkbox"/> Other, please specify
34†	Other Anatomic Site of Normal Sample	_____		Text to describe another anatomic site of the normal tissue not previously mentioned or specified. <a href="#">3288189</a>
35†	Distance of Normal Tissue from Tumor	<input type="checkbox"/> Adjacent (< or = 2 cm) ( <i>exclusionary, see note at right</i> ) <input type="checkbox"/> Distal (> 2 cm) <input type="checkbox"/> Unknown		If the normal control type is normal tissue or sorted cells, confirm that the submitted tissue was at least 2cm away from the primary tumor. <b>Adjacent (≤ 2cm) normal tissue is not accepted.</b> <b>If the proximity of the non-neoplastic control tissue from the submitted tumor is unknown, the tissue will be excluded.</b> <a href="#">3088708</a>
36†	Total Number of Cells Counted for the Normal Sample	_____		If the normal control type is sorted cells, provide the number of cells counted. <a href="#">5260823</a>
37	De-Identified Reports Associated with Normal Sample	<b>Attach <u>De-Identified</u> Reports in OpenClinica or Submit to the BPC</b>		Associated reports may include: flow cytometry report, pathology report, immunohistochemistry reports, etc. <b>All reports should be de-identified prior to sending to the BPC.</b>

\* Questions required for submission

† Questions conditionally required for submission (i.e. required based on the answer provided for a prior question)

 \_\_\_\_\_  
 Principal Investigator or Designee Signature

 \_\_\_\_\_  
 Print Name

 \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Date

**I acknowledge that the above information provided by my institution is true and correct and has been quality controlled.**