**ACRIN 6654**

Remnant Tissue Transmittal Form

If this is a revised or corrected form, please ✓ box.

**Instructions:** The RT form is to be completed for all participants with a diagnosis of lung cancer. If remnant tissue is obtained, complete as directed. Please submit this form, pathology report, and tissue to UCLA and fax a copy of the pathology report to ACRIN Data Management @ 215-717-0936. Please enter the RT form via the ACRIN website. Follow the instructions for mailing and labeling as detailed in the Remnant Tissue MOP.

**Part A:** Complete Part A for all lung cancer cases. If remnant tissue is not obtained, complete Part A only, sign and date this form, and enter via the ACRIN website.

### Section 1 – Admin/Eligibility

1. **Was malignant tissue from primary cancer or lung metastases resected?** [80]
   - ○ No (sign and date form)
   - ○ Yes

2. **Are pathology or operative reports available?** [7]
   - ○ No (sign and date form)
   - ○ Yes

3. **Has the participant signed a remnant tissue consent form, or has a waiver of consent been obtained?** [8]
   - ○ No (sign and date form)
   - ○ Yes, provide date ______ - ______ - ______ (mm-dd-yyyy) [9]

4. **Has the participant signed an authorization to release surgical material and related health information for local pathology lab release of blocks?** [10]
   - ○ No (sign and date form)
   - ○ Yes, provide date ______ - ______ - ______ (mm-dd-yyyy) [11]
   - ○ Not required by local pathology lab

### Section 2 - Site Receipt of block(s) from Pathology Lab

5. **Did the site receive the requested blocks from the Pathology Lab(s)?** [12]
   - ○ No (sign and date form)
   - ○ Yes (Complete Q5a and Q5b)

   5a. Number of blocks to be sent to UCLA for this participant [13]

   5b. Date blocks were received ______ - ______ - ______ (mm-dd-yyyy) [14]

6. **Did the site receive damaged blocks from the Pathology Lab(s) that will not be forwarded to UCLA?** (See instructions) [89]
   - ○ No (Continue to Part B)
   - ○ Yes (Complete Q6a and continue to Part B)

   6a. Number of damaged blocks not sent [90]

Send this form, pathology report, and tissue to:
Sheila Tze, Laboratory Manager
David Geffen School of Medicine at UCLA
UCLA Tissue Array Core Facility
Reed Neurological Research Center, Room 3243
650 Charles E. Young Drive South
Los Angeles, California 90095
310-267-2468

Fax a copy of the pathology report to ACRIN Data Management @ 215-717-0936

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**Part B:** Complete Part B for all cases for which remnant tissue blocks are obtained. Follow the instructions for labeling and shipping as detailed in the RT MOP. Block ID number should be physically placed on the block, using site number, case number, and sequence number. For example, for the first block: 4202-1234-01, the second block: 4202-1234-02, etc. The number of blocks received (question 5a) should match the number of blocks added to the table.

**Answer the following questions for EACH block:**

<table>
<thead>
<tr>
<th>ACRIN NLST Block ID (IIII-CCCC-SS)</th>
<th>Date of Surgical Procedure (mm-dd-yyyy)</th>
<th>Original Pathology Block ID</th>
<th>Return Block to Pathology Lab (Y/N)</th>
<th>Loan Period (minimum 3 months)</th>
<th>Special instructions for limitations on coring</th>
<th>Date Block Sent to UCLA (mm-dd-yyyy)</th>
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**Completed By:** ___________________________________________ [74]

**Date:** _______ - _______ - _______ (mm-dd-yyyy) [75]

**Primary Contact:** ________________________________________ [76]

**Telephone No:** (_______) ____________________________ [77]