### ACRIN NLST 6654
ZP - Pathology Samples

<table>
<thead>
<tr>
<th>S#</th>
<th>Site of Specimen Collection</th>
<th>Laterality [Paired Organs]</th>
<th>Type of Sample</th>
<th>Date of Specimen Procurement</th>
<th>ICD-0-3</th>
<th>SNOMED Code for Non-Malignant Lesions</th>
<th>Define Organ Site of 1st Malignancy</th>
<th>Is This Cancer Metastatic to Lung?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lung</td>
<td>1 = Right</td>
<td>Cytology</td>
<td>MM-DD-YYYY</td>
<td>Topography</td>
<td>Morphology</td>
<td>Behavior</td>
<td>Grade</td>
</tr>
<tr>
<td>2</td>
<td>2 = Breast</td>
<td>2 = Left</td>
<td>Cytology</td>
<td>MM-DD-YYYY</td>
<td>Topography</td>
<td>Morphology</td>
<td>Behavior</td>
<td>Grade</td>
</tr>
<tr>
<td>3</td>
<td>Colon</td>
<td>3 = Bilateral</td>
<td>Cytology</td>
<td>MM-DD-YYYY</td>
<td>Topography</td>
<td>Morphology</td>
<td>Behavior</td>
<td>Grade</td>
</tr>
<tr>
<td>4</td>
<td>Lymph</td>
<td>3 = Bilateral</td>
<td>Cytology</td>
<td>MM-DD-YYYY</td>
<td>Topography</td>
<td>Morphology</td>
<td>Behavior</td>
<td>Grade</td>
</tr>
<tr>
<td>5</td>
<td>Adrenal</td>
<td>3 = Bilateral</td>
<td>Cytology</td>
<td>MM-DD-YYYY</td>
<td>Topography</td>
<td>Morphology</td>
<td>Behavior</td>
<td>Grade</td>
</tr>
<tr>
<td>6</td>
<td>Prostate</td>
<td>3 = Bilateral</td>
<td>Cytology</td>
<td>MM-DD-YYYY</td>
<td>Topography</td>
<td>Morphology</td>
<td>Behavior</td>
<td>Grade</td>
</tr>
<tr>
<td>7</td>
<td>Other, specify</td>
<td>3 = Bilateral</td>
<td>Cytology</td>
<td>MM-DD-YYYY</td>
<td>Topography</td>
<td>Morphology</td>
<td>Behavior</td>
<td>Grade</td>
</tr>
</tbody>
</table>

Complete Table below for each sample obtained.

F1/F2 Interval Start Date: [ ] - [ ] - 20 F1/F2 Interval End Date: [ ] - [ ] - 20 (mm-dd-yyyy)

ZP Form # ____________________
Comments: ______________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Are there additional pathology samples for this F1/F2 Interval?

☐ 1 No

☐ 2 Yes (Complete an Additional ZP Form)

Were the pathology records complete for this F1/F2 Interval?

☐ 1 No (Complete an Additional Records Request)

☐ 2 Yes (Complete an Additional ZP Form)

☐ This form was created in error and should be deleted and all information should be ignored

☑ = marked, □ = not marked

Reason for form deletion: (choose only one)

☐ 01 Query response

☐ 02 Data entry error correction

☐ 03 Audit QC Finding correction

☐ 04 Site revision

CTR Coder ID ____________________________  CTR Coder Signature ____________________________  Date Form Completed ____________ - ________ - 20____ (mm-dd-20yy)