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 submit 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 a lung metastases resected: If tissue was unable to be resected, please select ‘no’ and sign and date the form at the bottom of page two. In addition to lung tissue, UCLA will also accept normal and other tissue types as well as lung metastases. Please contact the NLST Remnant Tissue Project Manager to determine other acceptable types of tissue.

2. Are pathology or operative reports available: If pathology/operative reports are unavailable, please select ‘no’ and sign and date the form at the bottom of page two.

3. Has the participant signed a remnant tissue consent form, or has a waiver of consent been obtained: If consent/waiver of consent for remnant tissue has not been obtained, please select ‘no’ and sign and date the form at the bottom of page two. The original remnant tissue consent or IRB waiver of consent should be stored in the participant’s ACRIN-NLST file.

4. Has the participant signed the authorization to release surgical material and related health information for local pathology lab release of blocks: If authorization is required by the requesting pathology lab, but has not been signed by the participant, please select ‘no’ and sign and date the form at the bottom of page two. If the authorization is not required by the local pathology lab, select ‘not requested by local pathology lab’ and please continue on with the form.

5. Did the site receive the requested blocks from the Pathology Lab(s): If the requested blocks have not been received, please select ‘no’ and sign and date the form at the bottom of page two. If the requested blocks have been received, please enter the number of blocks and the date received. The number of blocks recorded in question 5a represents the number of blocks to be sent to UCLA and should match the number of blocks added to the table in Part B.

6. Did the site receive damaged blocks from the Pathology Lab(s) that will not be forwarded to UCLA: Severely damaged (i.e. melted, significantly dented) blocks should not be forwarded to UCLA. If severely damaged blocks are received, please select ‘yes’ and enter the number of damaged blocks that will not be sent to UCLA.

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. The Block ID label should be physically placed on the block, using site number, case number, and sequence number. Labels will be provided by ACRIN. The duplicate label should be placed in the first column of part B, in sequential order. 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:

- **ACRIN NLST Block ID:** (ex: 4202-12345-01) 11 digits, do not enter dashes on web
- **Date of Surgical Procedure** (mm-dd-yyyy): This is the date of surgery from the pathology report.
- **Original Pathology Block ID:** Enter the site’s original pathology block ID. This ID will be used to link the block ID to the pathology report. The original block ID is not standardized and format may vary (Ex: 2B, A1, etc.)
- **Return Block to Pathology Lab**: Enter ‘no’ and skip the next column if the specimen is to be obtained for permanent retention (all specimens obtained for permanent retention will be stored at the UCLA Tissue Array Core Facility after processing). Enter ‘yes’ if the specimen is to be returned after processing and enter the number of months in the next column. On the web version of the RT form, please specify the loan period in the next column by selecting the number of months on the loan period code table. If the loan period is unknown or unspecified, please select ‘unknown’.

- **Loan Period**: Enter the number of months for the loan period. On the web version of the RT form, please select the number of months on the loan period code table that corresponds with the period that the specimen will be obtained. Select ‘unknown’ if the period is unknown and/or the pathology lab did not specify a loan period. The minimum loan period is 3 months. All loaned specimens will be returned to the original pathology laboratory within the loan period. Please enter any other specifications for the loan period in the comments section.

- **Special Instructions for limitations on coring**: Specify any instructions given for limitations on coring. Examples: If there are limitations on the maximum number of cores allowed to be taken, if the pathology department says not to deplete the tumor, etc. Please specify additional information on the shipping information and add any notes to the container of the tissue and in the comments section.

- **Date Block Sent to UCLA** (mm-dd-yyyy)

**Completed By**: Initials of staff member completing the form.

**Date**: Date the form was completed (mm-dd-yyyy)

**Primary Contact**: Enter the primary contact person at the site (lead RA)

**Telephone Number**: Enter the telephone number of the primary contact

**Tissue blocks are sent from**: (Check one) This question is located in the upper right hand section of page two. Please select whether the tissue blocks were sent from UCHSC (University of Colorado) or the Site. If the blocks came from a site then please enter the 4-digit NLST site number.