

(Institution)	Comment		Collection	
			Cancer 1 - Example	Cancer 2
	Cancer type:	Value	Comment	Value
Are there <b>at least 250</b> individual tumor samples from unique <b>adult</b> cases, and that for all cases include the following characteristics:		[This result is a derived value: "Yes" only if all 5 results below are also "Yes."]		
each tumor specimen weighs greater than 200mg.	Yes	75% > 200mg		
for every tumor specimen, a case matched "normal" sample exists from which germline DNA can be obtained (e.g. 5-10ml blood, uninvolved solid tissue)? (If a lymphatic cancer, specify the source of "normal" DNA)	Yes	Usually: adjacent solid tissue, sometimes blood.		
if solid tissue, embedded in OCT.	No	30% of samples are in OCT		
the tumor samples represent a single histopathologic type, and, if a solid tumor, primary cancer representing a single cancer organ-site (e.g. brain, breast, colon, etc.)?	No	All primary lung tumors, histopathologic types distributed as typical. Prof. X obtaining breakdown to check if 250 in one category.		
each tumor sample is comprised of at least 80% viable tumor cells (based upon histopathologic examination of the actual research specimen OR of a physically adjacent region – e.g. the diagnostic specimen)?	Yes	80% are >80%		
Are <b>all 250+</b> samples in the collection described above obtained as part of a clinical trial, or as part of a controlled molecular characterization study required as a pre-requisite to entering a clinical trial?	No			
If yes, is the trial or study closed, will it be closed by June 2007, or are the participants now (or by June 2007) unblinded?	NA			
If not, are the samples derived from a controlled observational study with uniform, standardized and documented:		These collections are standard excess tissue from pathology review.		
Entry criteria	No			
Treatment(s)	Yes	Standard treatment regimen for this Dx at this medical center. All sample collected here.		
Clinical data collection with standardized CRF and regular QC audits.	No			
Follow-up for capture of longitudinal information and outcomes.	No			
Does the cohort include deceased donors?	Yes			
For those not deceased, were the donors properly consented and tracked such that:				
the original consent permits re-approach for a secondary consent, or will the IRB grant a waiver to permit re-approach?	No	Not in consent, IRB must be re-approached.		
the cohort be contacted and re-approached from a practical/logistical perspective in order to obtain consent?	Yes	75% of donors can be tracked.		
Would the responder be interested in making the biospecimens available to TCGA?	Yes			