

**BIOPSY SPECIMEN SHIPMENT SUBMISSION WORKSHEET (PAGE 1 of 2)**

INSTITUTION CODE  _____	PARTICIPANT ID  _____	FORM DATE (MM/DD/YYYY) ____/____/____
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Participant Initials (LFM): \_\_\_\_\_

Visit type (Time point):\* (check one)     Baseline Evaluation     Post-Intervention Evaluation

**INSTRUCTIONS:**

- Embed one biopsy sample per block.
- **Complete and enclose** this form in each specimen shipping container and route to Frozen Section Lab. Immediately **FAX** a copy of this form to the CPN Quality Assurance Specialist (QAS) (507/266-3722).
- Specimen numbers on the block labels **MUST** match the numbering on this form. (e.g. Specimen number 1 on the block **MUST** be specimen number 1 on this form. At a minimum, CPN ID and specimen number must be included on the block label.
- Retain original for your records.

Date Specimens Sent to Frozen Section Lab: (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Person Fax Number: \_\_\_\_\_

Contact Person E-Mail: \_\_\_\_\_

Procedure Date: (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Procedure Time: (hh:mm per 24 hr clock) \_\_\_\_ : \_\_\_\_

Number of Specimens Submitted: \_\_\_\_\_

CPN Site: **Mayo Clinic Rochester**

Participant Status at Pre-Registration: (check one)     Confirmed NSCLC     Suspected NSCLC

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INSTITUTION CODE _____	PARTICIPANT ID _____	FORM DATE (MM/DD/YYYY) ____ / ____ / ____
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Specimen#	Biopsy Site (see Bronchial Map)	Tissue Type (check one)	Method for Obtaining Abnormal Tissue
1	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Pre-malignant <input type="checkbox"/> Tumor <input type="checkbox"/> Not obtained	<input type="checkbox"/> N/A <input type="checkbox"/> White Light <input type="checkbox"/> Autofluorescence
2	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Pre-malignant <input type="checkbox"/> Tumor <input type="checkbox"/> Not obtained	<input type="checkbox"/> N/A <input type="checkbox"/> White Light <input type="checkbox"/> Autofluorescence
3	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Pre-malignant <input type="checkbox"/> Tumor <input type="checkbox"/> Not obtained	<input type="checkbox"/> N/A <input type="checkbox"/> White Light <input type="checkbox"/> Autofluorescence
4	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Pre-malignant <input type="checkbox"/> Tumor <input type="checkbox"/> Not obtained	<input type="checkbox"/> N/A <input type="checkbox"/> White Light <input type="checkbox"/> Autofluorescence
5	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Pre-malignant <input type="checkbox"/> Tumor <input type="checkbox"/> Not obtained	<input type="checkbox"/> N/A <input type="checkbox"/> White Light <input type="checkbox"/> Autofluorescence
6	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Pre-malignant <input type="checkbox"/> Tumor <input type="checkbox"/> Not obtained	<input type="checkbox"/> N/A <input type="checkbox"/> White Light <input type="checkbox"/> Autofluorescence
7	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Pre-malignant <input type="checkbox"/> Tumor <input type="checkbox"/> Not obtained	<input type="checkbox"/> N/A <input type="checkbox"/> White Light <input type="checkbox"/> Autofluorescence
8	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Pre-malignant <input type="checkbox"/> Tumor <input type="checkbox"/> Not obtained	<input type="checkbox"/> N/A <input type="checkbox"/> White Light <input type="checkbox"/> Autofluorescence
9	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Pre-malignant <input type="checkbox"/> Tumor <input type="checkbox"/> Not obtained	<input type="checkbox"/> N/A <input type="checkbox"/> White Light <input type="checkbox"/> Autofluorescence
10	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Pre-malignant <input type="checkbox"/> Tumor <input type="checkbox"/> Not obtained	<input type="checkbox"/> N/A <input type="checkbox"/> White Light <input type="checkbox"/> Autofluorescence
	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Pre-malignant <input type="checkbox"/> Tumor <input type="checkbox"/> Not obtained	<input type="checkbox"/> N/A <input type="checkbox"/> White Light <input type="checkbox"/> Autofluorescence
	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Pre-malignant <input type="checkbox"/> Tumor <input type="checkbox"/> Not obtained	<input type="checkbox"/> N/A <input type="checkbox"/> White Light <input type="checkbox"/> Autofluorescence
	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Pre-malignant <input type="checkbox"/> Tumor <input type="checkbox"/> Not obtained	<input type="checkbox"/> N/A <input type="checkbox"/> White Light <input type="checkbox"/> Autofluorescence
	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Pre-malignant <input type="checkbox"/> Tumor <input type="checkbox"/> Not obtained	<input type="checkbox"/> N/A <input type="checkbox"/> White Light <input type="checkbox"/> Autofluorescence
	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Pre-malignant <input type="checkbox"/> Tumor <input type="checkbox"/> Not obtained	<input type="checkbox"/> N/A <input type="checkbox"/> White Light <input type="checkbox"/> Autofluorescence