١	,	4		\sim
١	/		l .	O

V1.0		
	Enrollment: Brain	
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	
Completed By:	Completion Date (MM/DD/YYYY):	

HCMI

Form Notes: An Enrollment Form should be completed for each HCMI case upon qualification notice from Leidos. All information provided on this form should include activity from the Date of Initial Pathologic Diagnosis to the most recent Date of Last Contact with the patient. This form should be used for the following Brain Cancers: Embryonal Tumor, Medulloblastoma, Diffuse Midline Glioma, and Lower Grade Glioma.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2		2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3		5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Patient Info				T
4	Number of days from index date to date of last contact		3008273	Provide the number of days from the index date to the date of last contact.
5	Patient age on index date		6379572	Provide the age (in days) of the patient on the index date. Note: If the patient's age is greater than 32,872 days (90 years), please enter 32,872.
6	Gender	☐ Male ☐ Female ☐ Unspecified	2200604	Provide the patient's gender using the defined categories. <i>Identification of gender is based upon self-report and may come from a form, questionnaire, interview, etc.</i>
7	Height		649	Provide the patient's height, in centimeters.
8	Weight		651	Provide the patient's weight, in kilograms.
9	Body mass index (BMI)		2006410	If the patient's height and weight are not collected, provide the patient's body mass index (BMI).
10	Race	 □ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or other Pacific Islander □ White □ Unknown □ Not reported 	2192199	Provide the patient's race using the defined categories. American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. Asian: A person having origins in any of the peoples of the Far East, Southeast Asia, or in the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Black or African American: A person having origins in any of the black racial groups of Africa. Native Hawaiian or other Pacific Islander: A person having origins on any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island. White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

	Liliolilient. Diani	A CONTRACTOR
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	1000
Completed By:	Completion Date (MM/DD/YYYY):	for the second



	Question Text	Data Entry Options	CDE ID	Instruction Text
11	Ethnicity	☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown ☐ Not reported	2192217	Provide the patient's ethnicity using the defined categories. Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. Not Hispanic or Latino: A person not meeting the definition of Hispanic or Latino.
12	Year of birth		2896954	Provide the year of the patient's birth. If the patient was born prior to 1928, insert the date 1928.
13	Family history of cancer	☐ Same ☐ Different ☐ None ☐ Unknown	5832923	Has a first-degree relative of the patient been diagnosed with a cancer of the same or a different type?
14	Smoking history	 □ Lifelong non-smoker (<100 cigarettes smoked in a lifetime) □ Current smoker (includes daily and non-daily smokers) □ Current reformed smoker (duration not specified) □ Current reformed smoker for >15 years □ Current reformed smoker for ≤15 years 	2181650	Indicate the patient's history of tobacco smoking as well as their current smoking status using the defined categories.
15	Metastasis at diagnosis assessment status	□ Metastatic □ Non-metastatic (confirmed) □ Non-metastatic (unconfirmed)	3438571	Indicate whether there was evidence of metastasis at the time of diagnosis of the primary tumor.
16	Metastatic site(s) at diagnosis	□ Ascites □ Bone □ Brain □ Bone marrow □ Cerebrospinal fluid (CSF) □ CNS □ Distant nodes □ Lung □ Peritoneal nodes □ Pleural effusion □ Pleural nodules □ Regional node □ Soft tissue □ Spinal cord □ Other (specify)	3029815	Indicate the site(s) of metastasis at the time of diagnosis of the primary tumor. Note: If the anatomic site of tumor tissue is not listed, proceed to Question 16a, otherwise, skip to Question 17.
16a	Specify metastatic site(s)		3128033	If the site of metastasis is not included on the provided list, specify the site of metastasis.
Biospecime	n Information			
17	Tissue sample type(s) collected for HCMI for this case	☐ Normal tissue ☐ Primary tumor ☐ Metastatic ☐ Recurrent ☐ Other tissue	2006911	Please select all the tissue sample types submitted for HCMI with this case.
18	Number of NORMAL tissues biospecimens collected for HCMI for this case		6584256	Please provide the number of normal tissue specimens obtained for HCMI for this case. Note: This number is expected to be 1.
19	Number of PRIMARY cancer tissue biospecimens collected for HCMI model development for this case		6584257	Please provide the number of primary tumor specimens obtained for HCMI for this case. Note: A single primary tumor biospecimen obtained that is portioned for both sequencing and model generation counts as 1 single primary tumor specimen. This number is expected to be 1.

Fissue Source Site (TSS) Name:	HCMI Identifier (ID3):
Completed By:	Completion Date (MM/DD/YYYY):



Question	Question Text	Data Entry Options	CDE ID	Instruction Text
20	Number of METASTATIC/ RECURRENT cancer tissue biospecimens collected for HCMI model development for this case		6584258	Please provide the number of metastatic and/or recurrent cancer biospecimens collected for HCMI for this case. Note: A biospecimen obtained from a single site at a single timepoint in progression that is portioned for both sequencing and model generation counts as 1 single tumor specimen. A biospecimen obtained from another site or at a later timepoint in progression that is portioned for both sequencing and model generation counts as a second single tumor specimen.
21	Number of OTHER tissue biospecimens collected for HCMI model development for this case		6584259	Please provide the number of pre- malignant, non-malignant, or dysplastic tissue biospecimens collected for HCMI for this case. Note: A biospecimen obtained from a single site at a single timepoint in progression that is portioned for both sequencing and model generation counts as 1 single tumor specimen. A biospecimen obtained from another site or at a later timepoint in progression that is portioned for both sequencing and model generation counts as a second single tumor specimen.
22	Total number of tissue biospecimens collected for HCMI for this case		6584271	Please provide the total number of tissue biospecimens collected for HCMI for this case. Note: This number should be the sum of the normal, primary tumor, metastatic/recurrent tumor, and other biospecimen counts above.
Normal Cor	trol Information		· ·	
23	Normal tissue biospecimen ordinal		6584264	Please provide a number to identify which biospecimen this is in the sequence. Note: The first biospecimen should be number "1," the second should be number "2," etc.
24	CMDC sample ID		6586035	Please provide the CMDC sample ID for this biospecimen as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
25	BPC submitter ID (if available)		6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
26	Type of normal control	 □ Whole blood □ Buccal cells □ Buffy coat □ Lymphocytes □ Extracted DNA from blood □ Extracted DNA from saliva □ Extracted DNA from buccal cells □ Extracted DNA from normal tissue (specify) □ FFPE non-neoplastic tissue (specify) □ Non-neoplastic tissue (specify) 	3081936	Indicate the type of normal control submitted for this case. Note: if normal tissue or non-neoplastic tissue is selected, proceed to Question 26a, otherwise, skip to Question 27.

	Enrollment: Brain	VOL.	TT 20	Carlo I	-
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	WO SE	43	1	1
Completed By:	Completion Date (MM/DD/YYYY):	Carl .		1	

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
26a	Other anatomic site of normal tissue		3288189	If non-neoplastic tissue, adjacent tissue, or normal tissue from another anatomic site was submitted as the normal control, provide the anatomic site of the normal tissue. <i>Proceed to Question 26b.</i>
26b	Distance from tumor to normal control tissue (if not blood)	☐ Adjacent (< or = 2cm) ☐ Distal (>2cm) ☐ Unknown ☐ Not applicable	3088708	Indicate the distance from the site of normal tumor collection to the primary tumor. Note: If normal tissue was not submitted, select 'Not applicable'.
27	Normal tissue sample preservation method	☐ Cryopreserved ☐ OCT ☐ FFPE ☐ Snap frozen ☐ Frozen	5432521	Provide the method used to preserve the normal tissue sample collected for molecular characterization.
Primary Tur	nor Biospecimen Informa	tion		
28	ICD-10 code for primary tumor	□ C71.0 □ C71.6 □ C71.9 □ C71.1 □ C71.7 □ C71.9 □ C71.3 □ C71.8 □ C72.9 □ C71.4 □ C71.8 □ Other □ C71.5 (specify)	3226287	Provide the ICD-10 code for the primary tumor as used to generate the ID3 for this subject. Note: If the ICD-10 code is not listed, proceed to Question 28a, otherwise, skip to Question 29
28a	Other ICD-10 code for primary tumor		3226287	If the ICD-10 code for the tumor used to generate the model submitted to HCMI is not included on the provided list, specify the ICD-10 code.
29	Tumor Morphology	□ 9380/3 □ 9451/3 □ 9501/3 □ 9382/3 □ 9470/3 □ 9502/3 □ 9392/3 □ 9471/3 □ 9505/3 □ 9400/3 □ 9474/3 □ 9508/3 □ 9401/3 □ 9490/3 □ 9550/3 □ 9421/1 □ 9500/3 □ Other (specify)	3226275	Using the patient's pathology/laboratory report, provide the ICD-O-3 histology code of the primary tumor. Note: If the ICD-O-3 histology code of the primary tumor is not listed, proceed to Question 29a, otherwise, skip to Question 30.
29a	Specify other morphology		3226275	If the ICD-O-3 histology code describing the morphology of the patient's primary tumor is not included on the previous list, provide the ICD-O-3 histology code.
30	Tissue or organ of origin	☐ Brain ☐ Spinal cord ☐ Other (specify)	3427536	Using the patient's pathology/laboratory report, select the primary site of the disease. Note: If the primary site of the disease is not listed, proceed to Question 30a, otherwise skip to Question 31.
30a	Other tissue or organ of origin	□ Abdomen □ Other ill-defined □ Accessory sinus sites □ Adrenal gland □ Ovary □ Anus □ Palate □ Appendix □ Penis □ Bladder □ Peripheral nerves □ Breast and autonomic □ Connective, nervous system of subcutaneous and trunk other soft tissues □ Peritoneum □ Esophagus □ Pharynx □ Eye □ Pituitary gland □ Gallbladder □ Prostate gland	3427536	If the primary site of the disease is not included on the previous list, provide the primary site of the disease.

V1.0		HCMI
Tissue Source Site (TSS) Name:Completed By:	Enrollment: Brain HCMI Identifier (ID3): Completion Date (MM/DD/YYYY):	

		Gum Head, face or neck Heart Kidney Larynx Lip Liver Lung Lymph node Male genital organs Mediastinum Meninges Mouth Nasal cavity Nasopharynx Nervous system Oropharynx	Rectosigmoid junction Renal pelvis Retroperitoneum Skin Small intestine Spinal cord Spleen Stomach Testis Thymus Thyroid gland Tongue Tonsil Trachea Unknown primary Urinary system Uterus Vagina Vulva		
Question	Question Text	Data Entry Options		CDE ID	Instruction Text
31	Histological Type	☐ Brain cancer ☐ Other (specify)		3081932	Select the surgical pathology text description of the histological tumor type. Note: If the histological tumor type is not listed, proceed to Question 31a, otherwise, skip to Question 32.
31a	Other histological type			3294805	If the traditional surgical pathology text description of the histological tumor type is not included on the previous list, please specify the histological type.
32	Brain cancer type	☐ Diffuse midline glioma (DIPG) ☐ Embryonal tumor	☐ Lower grade glioma☐ Medulloblastoma		Select the brain tumor type.
33	Histological subtype	□ Anaplastic astrocytom □ Anaplastic ganglioglio □ Anaplastic oligodendr □ Anaplastic pleomorph □ Classic medulloblasto □ CNS atypical teratoid/ □ CNS ganglioneuroblas □ CNS neuroblastoma □ Desmoplastic/nodular □ Embryonal tumor, NC □ ETMR □ Indeterminate medull □ Large cell/anaplastic r □ Lower grade glioma, N □ Medulloblastoma witl □ Medulloblastoma, NC □ Medullopithelioma □ Oligodendroglioma □ Pilocytic astrocytoma □ Other (specify)	oma roglioma nic xanthoastrocytoma ma /rhabdoid tumor stoma r medulloblastoma DS loblastoma medulloblastoma NOS h extensive nodularity	3081934	Using the patient's pathology/laboratory report, select the histological subtype of the primary tumor. Note: If the histological subtype is not listed, proceed to Question 33a, otherwise, skip to Question 34.
33a	Other histological subtype			5946219	If the histological subtype for the primary tumor is not included in the provided list, specify the histological subtype.

	Enrollment: Brain	ADD TO	TI	20	1	
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	1	2	38	1	
Completed By:	Completion Date (MM/DD/YYYY):	1	B 8			No.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
34	Prior malignancy (of the same cancer type)	☐ Yes ☐ No ☐ Unknown	5832924	Indicate whether the patient has a history of prior malignancy of the same cancer type.
35	Prior malignancy (other cancer type)	☐ Yes☐ No☐ Unknown	5878828	Indicate whether the patient has a history of prior malignancy of a different cancer type.
36	WHO grade: lower grade glioma	□ WHO Grade II □ WHO Grade III	2181858	Indicate grade of the lower grade glioma tumor according to the WHO guidelines.
37	WHO grade: diffuse midline glioma (DIPG), embryonal tumor, or medulloblastoma	□ WHO Grade IV	2181858	Indicate grade of the diffuse midline glioma (DIPG), embryonal tumor, or medulloblastoma tumor according to the WHO guidelines.
38	Performance status score: Karnofsky score	 □ 100: Normal, no complaints □ 90: Able to carry out normal activity, minor signs or symptoms of disease □ 80: Normal activity with effort, some signs or symptoms of disease □ 70: Cares for self, unable to carry on normal activity or do active work □ 60: Requires occasional assistance, but is able to care for most of his/her needs □ 50: Requires considerable assistance and frequent medical care □ 40: Disabled, requires special care □ 30: Severely disabled □ 20: Very sick, requiring hospitalization □ 10: Moribund, fatal processes progressing rapidly □ 0: Dead; Not Evaluated; Unknown 	2003853	Indicate the score from the Karnofsky Performance status scale, representing the functional capabilities of a person.
39	Number of days from index date to the date initial score obtained for the Karnofsky performance status scale		3479270	Provide the number of days from the index date to the date that the Karnofsky performance status assessment was performed.
40	Performance status score: Eastern Cooperative Oncology Group	□ 0 Asymptomatic □ 1 Symptomatic, but fully ambulatory □ 2 Symptomatic, in bed less than 50% of the day □ 3 Symptomatic, in bed more than 50% of the day, but not bed-ridden □ 4 Bed-ridden □ 5 Dead □ Not evaluated □ Unknown	88	Indicate the ECOG functional performance status of the patient/participant.
41	Number of days from index date to the date initial score obtained for the ECOG performance status scale		3479270	Provide the number of days from the index date to the date that the ECOG performance status assessment was performed.
42	Hereditary cancer predisposition syndrome	☐ Fanconi anemia ☐ Rubinstein-Taybi ☐ Gorlin syndrome syndrome ☐ Li-Fraumeni ☐ Turcot syndrome ☐ syndrome ☐ Unknown ☐ Lynch syndrome ☐ Not Applicable	6002201	Indicate any hereditary cancer predisposition syndromes identified in the patient.

Enrollment: Brain

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____



Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Lower Grad	le Glioma Primary Tumor-			
43	Laterality of site	☐ Right ☐ Left	827	Provide the side of the body on which the lower grade glioma first
		☐ Midline		developed.
44	Tumor site	☐ Supratentorial, frontal lobe	3139375	Select the anatomic location of the
		☐ Supratentorial, temporal lobe		lower grade glioma within the brain.
		☐ Supratentorial, parietal lobe		
		☐ Supratentorial, occipital lobe		
		☐ Posterior fossa, cerebellum		
		☐ Posterior fossa, brain stem		
		☐ Supratentorial, not otherwise specified		
45	Supratentorial	☐ Cerebral cortex	3133891	Select the location of the
	localization	☐ Deep gray		supratentorial tumor.
		☐ Spinal cord		
		☐ White matter		
46	Symptom related to	☐ Not listed on medical record ☐ Headaches	3133911	Select the patient's/participant's
46	disease that	☐ Mental status changes	3133911	first presenting symptom of
	presented first	☐ Motor/movement changes		disease.
	presented mst	☐ Seizures		discuse.
		☐ Sensory changes		
		☐ Visual changes		
		☐ Unknown		
Primary Tui	mor Clinical Molecular Ch	aracterization	Question 47.	fuse Midline Glioma (DIPG), continue to For Lower Grade Glioma, proceed to For Medulloblastoma, proceed to
				Otherwise, proceed to Question 69.
Diffuse Mid	lline Glioma (DIPG) Prima	ry Tumor Clinical Molecular Characterization		
47	Was H3 K27 mutation	☐ Yes	6062598	Indicate whether H3 K27 mutation
	analysis performed?	□ No		analysis was performed.
		☐ Unknown		
48	Was a mutation in H3	Yes	6002202	Indicate whether H3 K27 mutation
	K27 identified?	□ No	40.000	was identified.
49	If H3 K27 mutation	□ H3.1	6002205	Select the H3 K27 mutation
	identified, in which	☐ H3.3		identified.
F0	variant was it found?	☐ Other	6063400	Indicate whether U2 V27N4
50	Was H3 K27M IHC	☐ Yes ☐ No	6062409	Indicate whether H3 K27M was
	performed?	□ Unknown		assessed by immunohistochemistry (IHC).
		- Similowii		().
51	H3 K27M expression	□ Positive	6002203	Indicate the expression of H3 K27M
	by IHC	□ Negative	1552205	by immunohistochemistry (IHC).
	,	☐ Equivocal		, , , , , , , , , , , , , , , , , , , ,
52	Was IDH1/2 mutation	☐ Yes	6062597	Indicate whether mutation analysis
	analysis performed?	□ No		of IDH1 or IDH2 was performed.
		☐ Unknown		
53	Was a mutation in	Yes	6002200	Indicate whether an IDH1 or IDH2
	IDH1/2 identified?	□ No		mutation was identified at testing.
54	If IDH1/2 mutation	☐ IDH1 R132H ☐ IDH2 R172W	6002206	Select the mutation identified in
	identified, which one?	☐ IDH1 R132C ☐ IDH2 R172K ☐ IDH1 R132S ☐ IDH2 R172M		IDH1/2. Note: If the IDH1/2 mutation is not
		☐ IDH1 R132S ☐ IDH2 R172M ☐ IDH1 R132G ☐ Other (specify)		listed, proceed to Question 54a,
		□ IDH1 R132G □ Other (specify)		otherwise, skip to Question 55.
		- IDIII NI JZL		
54a	Other IDH1/2		6002207	If the mutation in IDH1/2 is not
	mutation			included in the provided list, specify
				the mutation in IDH1/2.

Fissue Source Site (TSS) Name:	HCMI Identifier (ID3):
Completed By:	Completion Date (MM/DD/YYYY):



Question	Question Text	Data Entry Options	CDE ID	Instruction Text
55	What method was used to identify the	☐ Cancer hotspot panel☐ Next generation targeted sequencing	6003729	Specify the method used to identify mutations.
	IDH1/2 mutation?	☐ Whole exome sequencing		Note: If the method of mutation identification is not listed, proceed to
		☐ Not performed ☐ Other (specify)		Question 55a, otherwise, skip to
		Other (specify)		Question 56.
55a	Other mutation		6002204	If the mutation identification
	identification method			method is not included in the
				provided list, specify the method
56	Was IDH1 R132H IHC	☐ Yes	6062408	used to identify mutations. Indicate whether
30	performed?	□ No	0002408	immunohistochemistry for IDH1
	periorinea.	☐ Unknown		R132H was performed.
57	IDH1 R132H	☐ Positive	6063674	Indicate the expression of IDH1
	expression by IHC	□ Negative		R132H per immunohistochemistry
		☐ Equivocal		results.
58	MMR status	☐ Evidence of MMR mutation by sequencing	6002208	Indicate the patient's Mismatch
		Evidence of MMR protein loss by IHC		Repair (MMR) gene mutation
		☐ MMR loss evidence hypermutation phenotype (>10mutations/Mb)		status.
		□ No evidence of MMR alteration		
Lower Grad	le Glioma Primary Tumor	Clinical Molecular Characterization		L
59	Was IDH1/2 mutation	☐ Yes	6062597	Indicate whether mutation analysis
	analysis performed?	□ No		of IDH1 or IDH2 was performed.
		□ Unknown		
60	Was a mutation in	☐ Yes	6002200	Indicate whether an IDH1 or IDH2
C1	IDH1/2 identified?	□ No	6003306	mutation was identified at testing.
61	If IDH1/2 mutation identified, which one?	☐ IDH1 R132H ☐ IDH2 R172W ☐ IDH1 R132C ☐ IDH2 R172K	6002206	Select the mutation identified in IDH1/2.
	dentinea, which one:	☐ IDH1 R132S ☐ IDH2 R172M		Note: If the IDH1/2 mutation is not
		☐ IDH1 R132G ☐ Other (specify)		listed, proceed to Question 61a,
		□ IDH1 R132L		otherwise, skip to Question 62.
61a	Other IDH1/2		6002207	If the mutation in IDH1/2 is not
	mutation			included in the provided list, specify
				the mutation in IDH1/2.
62	What method was	☐ Next generation targeted sequencing	6003729	Specify the method used to identify
	used to identify the	☐ Cancer hotspot panel		mutations. Note: If the method of mutation
	mutation?	☐ Whole exome sequencing ☐ Not performed		identification is not listed, proceed to
		☐ Other (specify)		Question 62a, otherwise, skip to
	a.ii.			Question 63.
62a	Other mutation identification method		6002204	If the mutation identification method is not included in the
	identification method			provided list, specify the method
				used to identify mutations.
63	Was IDH1 R132H IHC	☐ Yes	6062408	Indicate whether
	performed?	□ No		immunohistochemistry for IDH1
		☐ Unknown		R132H was performed.
64	IDH1 R132H	□ Positive	6063674	Indicate the expression of IDH1
	expression by IHC	□ Negative		R132H per immunohistochemistry
		☐ Equivocal		results.
65	MMR status	☐ Evidence of MMR mutation by sequencing	6002208	Indicate the patient's Mismatch
		☐ Evidence of MMR protein loss by IHC		Repair (MMR) gene mutation
		☐ MMR loss evidence hypermutation phenotype		status.
		(>10mutations/Mb)		
		☐ No evidence of MMR alteration		
			I .	

V1.0		HCMI P
	Enrollment: Brain	
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	
Completed By:	Completion Date (MM/DD/YYYY):	

Question	Question Text	Data Entry Options		CDE ID	Instruction Text
Medullobla	stoma Primary Tumor Clii	nical Molecular Characteriz	ration		
66	MYCN gene amplification status	☐ Amplified☐ Not amplified☐ Not done☐ Unknown		4616052	Indicate the amplification status of the MYCN gene.
67	Genetically defined subclass	☐ WNT-activated☐ SHH-activated☐ Non-WNT/non-SHH a☐ Not determined	ctivated	6002209	Select the subclass of the medulloblastoma based on molecular features.
68	What are the markers that were used to determine WNT- or SHH- activation?			6002210	Specify the genetic information used to determine the medulloblastoma subclass.
Primary Tu	mor Sample Information				
69	Are you submitting a primary tumor tissue sample for this case?	☐ Yes ☐ No			If yes, proceed to question 70, otherwise, skip to Question 86.
70	Primary tumor biospecimen ordinal			6584265	Please provide a number to identify which biospecimen this is in the sequence. Note: This number should be "1".
71	CMDC sample ID			6586035	Please provide the CMDC sample ID for this biospecimen as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
72	BPC submitter ID (if available)			6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
73	Sample represents primary diagnosis?	☐ Yes ☐ No		6584730	Does this primary tumor specimen represent the PRIMARY DIAGNOSIS for this Case ID3? Note: If no, continue to Question 74. If yes, skip to Question 75.
74	Specify the ICD-10 code			3226287	Provide the ICD-10 code for the primary tumor used to generate the model submitted to HCMI.
75	Tumor tissue sample preservation method	☐ Cryopreserved☐ FFPE☐ Frozen	□ OCT □ Snap frozen	5432521	Provide the method used to preserve the tumor tissue sample collected for molecular characterization.
76	Anatomic site of tumor from which model was derived	☐ Ascites ☐ Bone ☐ Bone marrow ☐ Brain ☐ Cerebrospinal fluid (CSF) ☐ Liver ☐ Lung	□ Lymph node □ Pleural effusion □ Pleural nodules □ Soft tissue □ Spinal Cord □ Other (specify) □ Unknown	4214629	Select the anatomic site of the tumor tissue sample used to generate the model for HCMI. Note: If the tissue or organ of origin is not listed, proceed to Question 76a. Otherwise, skip to Question 77.
76a	Other anatomic site from which the tumor was obtained			5946219	If not provided in the previous list, provide the anatomic site of the tumor tissue sample used to generate the model for HCMI.
77	Method of cancer sample procurement	☐ Biopsy ☐ Gross total resection ☐ Subtotal resection ☐ Other method (specif	·y)	3103514	Provide the procedure performed to obtain the primary tumor tissue. Note: If the method of procurement is not listed, proceed to Question 77a, otherwise, skip to Question 78.

Completed By: _____

Tissue Source Site (TSS) Name: _	HCMI Identifier (ID3):
Completed By:	Completion Date (MM/DD/YYYY):



Question	Question Text	Data Entry Options	CDE ID	Instruction Text
77a	Specify the other method of tumor sample procurement		2006730	Specify the procedure performed to obtain the primary tumor tissue, if not included in the previous list.
78	Number of days from index date to date of tumor sample procurement		3288495	Provide the number of days from the index date to the date of the procedure that produced the tumor tissue submitted for HCMI.
79	Tumor tissue type	☐ Primary ☐ Additional Primary ☐ NOS	3288124	Provide the primary tumor tissue type for this sample.
Primary Tu	mor Model Information		,	-
80	Primary model biospecimen ordinal		6594596	Please provide a number to identify which biospecimen this is in the sequence. Note: This number is expected to be "1".
81	CMDC model ID		6586036	Please provide the CMDC model ID for this sample as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
82	BPC submitter ID (if available)		6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
83	Model represents primary diagnosis?	☐ Yes ☐ No	6584730	Does this MODEL represent the PRIMARY DIAGNOSIS for this Case ID3?
84	Model's primary tumor tissue CMDC sample ID		6586035	Enter the CMDC Sample ID of the PRIMARY TUMOR TISSUE from which this model is derived.
85	Model's primary tumor biospecimen ordinal		6584265	Enter the biospecimen ordinal of the PRIMARY TUMOR TISSUE from which this model is derived.
Treatment	Information			1
86	History of neoadjuvant treatment	 □ No □ Yes; radiation prior to resection □ Yes; pharmaceutical treatment prior to resection □ Yes; both radiation and pharmaceutical treatment prior to resection □ Unknown 	3382737	Indicate whether the patient received neoadjuvant radiation or pharmaceutical treatment. Note: Radiation therapy is addressed in Questions 94-95. Pharmaceutical therapy is addressed in Questions 87-93.
87	Neoadjuvant chemotherapy type	 □ Cytotoxic chemotherapy □ Immunotherapy (cellular and immune checkpoint) □ Targeted therapy (small molecule inhibitors and targeted antibodies) □ Not applicable 	5832928	Select all neoadjuvant chemotherapy types that were administered to the patient. Note: Cytotoxic chemotherapy is addressed in Questions 88-89. Immunotherapy is addressed in Questions 90-91 Targeted therapy is addressed in Questions 92-93.

	Enrollment: Brain	VOLUME	TT 20	1	1
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	1	43		TE
Completed By:	Completion Date (MM/DD/YYYY):	and the			

Question	Question Text	Data Entry Options		CDE ID	Instruction Text
88	Neoadjuvant chemotherapeutic regimen	□ Bevacizumab □ Carboplatin □ Carmustine □ Cisplatin □ Cyclophosphamide □ Cytarabine □ Etoposide □ Hydroxyurea □ Irinotecan	□ Lomustine □ Panobinostat □ Prednisone □ Procarbazine □ Temozolomide □ Vincristine □ Vorinostat □ Other (specify) □ Chemotherapy not given	2853313	Select all chemotherapeutics used for neoadjuvant therapy. Note: If neoadjuvant chemotherapy was not given, skip to Question 90. If the neoadjuvant chemotherapeutic regimen is not listed, proceed to Question 88a, otherwise, skip to Question 89.
88a	Other neoadjuvant chemotherapeutic regimen			62694	If the neoadjuvant therapy is not included in the provided list, specify neoadjuvant therapies administered.
89	Days to neoadjuvant chemotherapy treatment from index date			5102411	Provide the number of days from index date to the date of treatment with neoadjuvant chemotherapy.
90	Specify immunotherapy			2953828	Provide the name of the immunotherapy administered to the patient.
91	Days to immunotherapy treatment from index date			5102411	Provide the number of days from the index date to the date of treatment with immunotherapy.
92	Specify targeted therapy			4308476	Provide the name of the targeted therapy administered to the patient.
93	Days to targeted therapy treatment from index date			5102411	Provide the number of days from the index date to the date of treatment with targeted therapy.
94	Radiation therapy administered type	□ 2D conventional □ 3D conformal □ Brachytherapy HDR □ Brachytherapy LDR □ IMRT □ Proton Beam	☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified ☐ Not applicable	3028890	Provide the type of radiation therapy that was administered to the patient. Note: If radiation therapy was not administered, proceed to Question 96. If the radiation therapy is not listed, proceed to Question 94a, otherwise, skip to Question 95.
94a	Other radiation therapy			2195477	If the radiation therapy type is not included in the provided list, specify the type.
95	Days to radiation treatment from index date			5102411	Provide the number of days from the index date to the date of treatment with radiation therapy.
	Recurrent Tumor Biospec	imen Information		1	
96	Are you submitting a metastatic/recurrent tumor tissue sample?	☐ Yes ☐ No			A biospecimen obtained from a single site at a single timepoint in progression that is portioned for both sequencing and model generation counts as 1 single tumor specimen. A biospecimen obtained from another site or at a later timepoint in progression that is portioned for both sequencing and model generation counts as a second single tumor specimen. Note: If yes, proceed to Question 97. If no, proceed to Question 199.

	Enrollment: Brain	20
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	44
Completed By:	Completion Date (MM/DD/YYYY):	



Question	Question Text	Data Entry Options		CDE ID	Instruction Text
97	Metastatic tissue biospecimen ordinal			6584266	Please provide a number to identify which biospecimen this is in the sequence. Note: The first biospecimen should be number "1", the second should be number "2", etc.
98	CMDC tissue ID			6586035	Please provide the CMDC sample ID for this biospecimen as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
99	BPC submitter ID (if available)			6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
100	Metastatic/ recurrent tumor tissue sample preservation method	☐ Cryopreserved☐ FFPE☐ Frozen	□ OCT □ Snap frozen	5432521	Provide the method used to preserve the metastatic/recurrent tumor tissue sample collected for molecular characterization.
101	Number of days from index date to date of diagnosis of metastasis/recurrence			6132218	Provide the number of days from the index date to the date of diagnosis of metastatic/recurrent disease.
102	Method of metastatic/ recurrent cancer sample procurement	☐ Biopsy ☐ Gross total resection ☐ Subtotal resection ☐ Other method (specing	fy)	6587389	Indicate the procedure performed to obtain the metastatic/recurrent tumor tissue. Note: If the method of procurement is not listed, proceed to Question 102a, otherwise, skip to Question 103.
102a	Other method of cancer sample procurement			6587390	If the procedure performed to obtain the tumor tissue is not included in the provided list, specify the procedure.
103	Number of days from index date to date of metastatic/ recurrent sample procurement			3288495	Provide the number of days from the index date to the date of the procedure that produced the metastatic/recurrent tumor tissue submitted for HCMI.
104	Metastatic/recurrent site	☐ Ascites ☐ Bone ☐ Bone marrow ☐ Brain ☐ Cerebrospinal fluid (CSF) ☐ CNS ☐ Distant nodes ☐ Liver	☐ Lung ☐ Peritoneal nodes ☐ Pleural effusion ☐ Pleural nodules ☐ Regional node ☐ Soft tissue ☐ Spinal Cord ☐ Other (specify)	6587394	Select the site from which the metastatic/recurrent tissue used to develop the model was derived. Note: If the metastatic/recurrent site is not listed, proceed to Question 104a, otherwise, skip to Question 105.
104a	Other metastatic/ recurrent site	☐ Abdomen ☐ Accessory sinus ☐ Adrenal gland ☐ Anus ☐ Appendix ☐ Bladder ☐ Bone ☐ Breast ☐ Connective, subcutaneous and other soft tissues ☐ Esophagus	☐ Ovary ☐ Palate ☐ Pancreas ☐ Penis ☐ Peripheral nerves and autonomic nervous system of trunk ☐ Peritoneum ☐ Pharynx ☐ Pituitary gland ☐ Prostate gland	6587395	If not included in the previous list, specify the site from which the metastatic/recurrent tissue used to develop the model was derived.

		HCMI
V1.0		
	Enrollment: Brain	
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	
Completed By:	Completion Date (MM/DD/YYYY):	

		☐ Eye ☐ Gallbladder ☐ Gum ☐ Head, face or neck ☐ Heart ☐ Kidney ☐ Larynx ☐ Lip ☐ Lymph node ☐ Male genital organs ☐ Mediastinum ☐ Meninges ☐ Mouth ☐ Nasal cavity ☐ Nasopharynx ☐ Nervous system ☐ Oropharynx ☐ Other ill-defined sites	Rectosigmoid junction Renal pelvis Retroperitoneum Small intestine Spinal cord Spleen Stomach Testis Thymus Thyroid gland Tongue Tonsil Trachea Unknown primary Urinary system Uterus Vagina Vulva		
105	Site of relapse	☐ Local ☐ Regional ☐ Distant ☐ Not applicable		2002506	If the primary tumor relapsed, provide the site of relapse.
106	ICD-10 code			3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
107	ICD-O-3 histology code			3226275	Provide the ICD-O-3 histology code describing the morphology of the metastatic/recurrent tumor used to generate the model submitted to HCMI.
108	Maintenance and/or consolidation therapy administered prior to collection of metastatic/ recurrent tissue			6119066	Provide the name(s) of the maintenance and/or consolidation therapy administered to the patient prior to the collection of the metastatic/recurrent tissue used to develop the model.
109	Days to start of maintenance and/or consolidation therapy from index date			5102411	Provide the number of days from the index date to the date maintenance and/or consolidation therapy started.
110	Days to last known administration date of maintenance and/or consolidation therapy from index date			5102431	Provide the number of days from the index date to the last known date of maintenance and/or consolidation therapy.
111	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown		6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.
112	Disease status	☐ No evidence of disea☐ Progressive disease☐ Stable disease☐ Unknown	se	2188290	Provide the disease status following maintenance and/or consolidation therapy.

	Enrollment: Brain	To the Ass	A SOL	
Tissue Source Site (TSS) Name: _	HCMI Identifier (ID3):	Constitution of the second	43	-
Completed By:	Completion Date (MM/DD/YYYY):	a B	36.3	

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
113	Performance status score: Karnofsky score	 □ 100: Normal, no complaints □ 90: Able to carry out normal activity, minor signs or symptoms of disease □ 80: Normal activity with effort, some signs or symptoms of disease □ 70: Cares for self, unable to carry on normal activity or do active work □ 60: Requires occasional assistance, but is able to care for most of his/her needs □ 50: Requires considerable assistance and frequent medical care □ 40: Disabled, requires special care □ 30: Severely disabled □ 20: Very sick, requiring hospitalization □ 10: Moribund, fatal processes progressing rapidly □ 0: Dead; Not Evaluated; Unknown 	2003853	Indicate the score from the Karnofsky Performance status scale, representing the functional capabilities of a person.
114	Number of days from index date to the date initial score obtained for the Karnofsky performance status scale		3479270	Provide the number of days from the index date to the date that the Karnofsky performance status assessment was performed.
115	Performance status score: Eastern Cooperative Oncology Group (ECOG)	□ 0 Asymptomatic □ 1 Symptomatic, but fully ambulatory □ 2 Symptomatic, in bed less than 50% of the day of the day □ 5 Dead □ Not evaluated □ Unknown	88	Indicate the ECOG functional performance status of the patient/participant.
115a	Number of days from index date to the date score obtained for ECOG performance status		3479270	Provide the number of days from the index date to the date that the ECOG performance status assessment was performed.
Lower Grad		urrent Tumor-specific Questions		
116	Laterality of site	☐ Right ☐ Left ☐ Midline	827	Provide the side of the body on which the metastatic/recurrent lower grade glioma developed.
117	Tumor site	□ Supratentorial, frontal lobe □ Supratentorial, temporal lobe □ Supratentorial, parietal lobe □ Supratentorial, occipital lobe □ Posterior fossa, cerebellum □ Posterior fossa, brain stem □ Supratentorial, not otherwise specified	3139375	Select the anatomic location of the lower grade glioma within the brain.
118	Supratentorial localization	□ Cerebral cortex □ White matter □ Deep gray □ Not listed on medical record	3133891	Select the location of the supratentorial tumor.
119	Symptom related to disease that presented first	 ☐ Headaches ☐ Mental status changes ☐ Motor/movement changes ☐ Seizures ☐ Sensory changes ☐ Visual changes ☐ Unknown 	3133911	Select the patient's/participant's first presenting symptom of disease.

Enrollment: Brain

HCMI

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): ____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
		nical Molecular Characterization	(DIPG), conti metastatic/r Question 132 Medulloblas Otherwise, p	etastatic/recurrent Diffuse Midline Glioma nue to question 120. For ecurrent Lower Grade Glioma, proceed to 2. For metastatic/recurrent toma, proceed to Question 139. roceed to Question 143.
		static/Recurrent Tumor Clinical Molecular Characteriz		1
120	Was H3 K27 mutation analysis performed?	☐ Yes☐ No☐ Unknown	6062598	Indicate whether H3 K27 mutation analysis was performed.
121	Was a mutation in H3 K27 identified?	☐ Yes ☐ No	6002202	Indicate whether H3 K27 mutation was identified.
122	If H3 K27 mutation identified, in which variant was it found?	☐ H3.1 ☐ H3.3 ☐ Other	6002205	Select the H3 K27 mutation identified.
123	Was H3 K27M IHC performed?	☐ Yes ☐ No ☐ Unknown	6062409	Indicate whether H3 K27M was assessed by immunohistochemistry (IHC).
124	H3 K27M expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6002203	Indicate the expression of H3 K27M by immunohistochemistry (IHC).
125	Was IDH1/2 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6062597	Indicate whether mutation analysis of IDH1 or IDH2 was performed.
126	Was a mutation in IDH1/2 identified?	☐ Yes ☐ No		
127	If IDH1/2 mutation identified, which one?	☐ IDH1 R132H ☐ IDH2 R172W ☐ IDH1 R132C ☐ IDH2 R172K ☐ IDH1 R132S ☐ IDH2 R172M ☐ IDH1 R132G ☐ Other (specify) ☐ IDH1 R132L	6002206	Note: If the IDH1/2 mutation is not listed, proceed to Question 127a, otherwise, skip to Question 128.
127a	Other IDH1/2 mutation		6002207	If the mutation in IDH1/2 is not included in the provided list, specify the mutation in IDH1/2.
128	What method was used to identify the IDH1/2 mutation?	 □ Cancer hotspot panel □ Next generation targeted sequencing □ Whole exome sequencing □ Not performed □ Other (specify) 	6003729	Specify the method used to identify mutations. Note: If the method of mutation identification is not listed, proceed to Question 128a, otherwise, skip to Question 129.
128a	Other mutation identification method		6002204	If the mutation identification method is not included in the provided list, specify the method used to identify mutations.
129	Was IDH1 R132H IHC performed?	☐ Yes ☐ No ☐ Unknown	6062408	Indicate whether immunohistochemistry for IDH1 R132H was performed.
130	IDH1 R132H expression by IHC	☐ Positive☐ Negative☐ Equivocal	6063674	Indicate the expression of IDH1 R132H per immunohistochemistry results.
131	MMR status	 Evidence of MMR mutation by sequencing Evidence of MMR protein loss by IHC MMR loss evidence hypermutation phenotype (>10mutations/Mb) No evidence of MMR alteration 	6002208	Indicate the patient's Mismatch Repair (MMR) gene mutation status.
		urrent Tumor Clinical Molecular Characterization	1	
132	Was IDH1/2 mutation analysis performed?	☐ Yes☐ No☐ Unknown	6062597	Indicate whether mutation analysis of IDH1 or IDH2 was performed.

	2 0 2. 4	
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	16000
Completed By:	Completion Date (MM/DD/YYYY):	1 8 G



Question	Question Text	Data Entry Options	CDE ID	Instruction Text
133	Was a mutation in	☐ Yes	6002200	Indicate whether an IDH1 or IDH2
	IDH1/2 identified?	□ No		mutation was identified at testing.
134	If IDH1/2 mutation	☐ IDH1 R132H	6002206	Select the mutation identified in
	identified, which one?	☐ IDH1 R132C		IDH1/2.
		☐ IDH1 R132S		Note: If the IDH1/2 mutation is not
		☐ IDH1 R132G		listed, proceed to Question 134a,
		☐ IDH1 R132L		otherwise, skip to Question 135.
		☐ IDH2 R172W		
		☐ IDH2 R172K		
		☐ IDH2 R172M		
		☐ Other (specify)		
134a	Other IDH1/2		6002207	If the mutation in IDH1/2 is not
	mutation			included in the provided list, specify
				the mutation in IDH1/2.
135	What method was	☐ Next generation targeted sequencing	6003729	Specify the method used to identify
	used to identify the	☐ Cancer hotspot panel		mutations.
	mutation?	☐ Whole exome sequencing		Note: If the method of mutation
		☐ Not performed		identification is not listed, proceed to
		☐ Other (specify)		Question 135a, otherwise, skip to
				Question 136.
135a	Other mutation		6002204	If the mutation identification
	identification method			method is not included in the
				provided list, specify the method
				used to identify mutations.
126	Was IDUA DA22U IUC	Пус	6062408	In diagram, wheather
136	Was IDH1 R132H IHC	Yes	6062408	Indicate whether
	performed?	□ No		immunohistochemistry for IDH1
127	IDU4 D422U	☐ Unknown	6062674	R132H was performed.
137	IDH1 R132H	☐ Positive	6063674	Indicate the expression of IDH1
	expression by IHC	□ Negative		R132H per immunohistochemistry
100		☐ Equivocal		results.
138	MMR status	☐ Evidence of MMR mutation by sequencing	6002208	Indicate the patient's Mismatch
		☐ Evidence of MMR protein loss by IHC		Repair (MMR) gene mutation
		☐ MMR loss evidence hypermutation phenotype		status.
		(>10mutations/Mb)		
		☐ No evidence of MMR alteration		
Medullohla	stoma Metastatic/Pecurr	 ent Tumor Clinical Molecular Characterization		
139	Number of days from	ent rumor emineur morecului emuruetenzution	3288495	Provide the number of days from
	index date to date of		==50.55	the index date to the date of the
	metastatic/ recurrent			procedure that produced the
	sample procurement			metastatic/recurrent tumor tissue
	Jampie productificati			submitted for HCMI.
140	MYCN gene	☐ Amplified	4616052	Indicate the amplification status of
	amplification status	☐ Not amplified	.52552	the MYCN gene.
	amplification status	□ Not done		and writery gene.
		☐ Unknown		
141	Genetically defined	☐ WNT-activated	6002209	Select the subclass of the
141	subclass	☐ SHH-activated	0002203	medulloblastoma based on
	วนมะเสรร	☐ Non-WNT/non-SHH activated		
		□ Not determined		molecular features.
1/17	What are the markers		6002210	Specify the genetic information
142	that were used to		6002210	Specify the genetic information used to determine the
	determine WNT- or			medulloblastoma subclass.
	SHH- activation?			medulioniastollia suntidss.
	Jili- activation!			
<u> </u>	<u> </u>			<u> </u>

	2 00	ALC: UNITED STATES
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	X 33
Completed By:	Completion Date (MM/DD/YYYY):	160



Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Additional I	Metastatic/Recurrent Tun	nor Biospecimen Information (if applicable)		
143	Are you submitting an additional metastatic/ recurrent tumor tissue sample?	□ Yes □ No		A biospecimen obtained from a single site at a single timepoint in progression that is portioned for both sequencing and model generation counts as 1 single tumor specimen. A biospecimen obtained from another site or at a later timepoint in progression that is portioned for both sequencing and model generation counts as a second single tumor specimen. Note: If yes, proceed to Question 144, otherwise, skip to Question 189.
144	Metastatic tissue biospecimen ordinal		6584266	Please provide a number to identify which biospecimen this is in the sequence. Note: The first biospecimen should be number "1", the second should be number "2", etc.
145	CMDC tissue ID		6586035	Please provide the CMDC sample ID for this biospecimen as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
146	BPC submitter ID (if available)		6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
147	Metastatic/ recurrent tumor tissue sample preservation method	☐ Cryopreserved ☐ OCT ☐ FFPE ☐ Snap frozen	5432521	Provide the method used to preserve the metastatic/recurrent tumor tissue sample collected for molecular characterization.
148	Number of days from index date to date of diagnosis of metastasis/recurrence		6132218	Provide the number of days from the index date to the date of diagnosis of metastatic/recurrent disease.
149	Method of metastatic/ recurrent cancer sample procurement	☐ Biopsy ☐ Gross total resection ☐ Subtotal resection ☐ Other method (specify)	6587389	Indicate the procedure performed to obtain the metastatic/recurrent tumor tissue. Note: If the method of procurement is not listed, proceed to Question 149a, otherwise, skip to Question 150.
149a	Other method of cancer sample procurement		6587390	If the procedure performed to obtain the tumor tissue is not included in the provided list, specify the procedure.
150	Number of days from index date to date of metastatic/ recurrent sample procurement		3288495	Provide the number of days from the index date to the date of the procedure that produced the metastatic/recurrent tumor tissue submitted for HCMI.

	Enrollment: Brain	NO.	
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	WO SH	1
Completed By:	Completion Date (MM/DD/YYYY):	1	

Question	Question Text	Data Entry Options		CDE ID	Instruction Text
151	Metastatic/ recurrent site	☐ Ascites ☐ Bone ☐ Bone marrow ☐ Brain ☐ Cerebrospinal fluid (CSF) ☐ CNS ☐ Distant nodes ☐ Liver	☐ Lung ☐ Peritoneal nodes ☐ Pleural effusion ☐ Pleural nodules ☐ Regional node ☐ Soft tissue ☐ Spinal Cord ☐ Other (specify)	6587394	Select the site from which the metastatic/recurrent tissue used to develop the model was derived. Note: If the metastatic/recurrent site is not listed, proceed to Question 151a, otherwise, skip to Question 152.
151a	Other metastatic/ recurrent site	□ Abdomen □ Accessory sinus □ Adrenal gland □ Anus □ Appendix □ Bladder □ Breast □ Connective, subcutaneous and other soft tissues □ Esophagus □ Eye □ Gallbladder □ Gum □ Head, face or neck □ Heart □ Kidney □ Larynx □ Lip □ Lymph node □ Male genital organs □ Mediastinum □ Meninges □ Mouth □ Nasal cavity □ Nasopharynx □ Nervous system □ Oropharynx □ Other ill-defined sites	Ovary Palate Pancreas Penis Peripheral nerves and autonomic nervous system of trunk Peritoneum Pharynx Pituitary gland Prostate gland Rectosigmoid junction Renal pelvis Retroperitoneum Small intestine Spinal cord Spleen Stomach Testis Thymus Thyroid gland Tongue Tonsil Trachea Unknown primary Urinary system Uterus Vagina Vulva	6587395	If not included in the previous list, specify the site from which the metastatic/recurrent tissue used to develop the model was derived.
152	Site of relapse	☐ Local ☐ Regional	☐ Distant ☐ Not applicable	2002506	If the primary tumor relapsed, provide the site of relapse.
153	ICD-10 code			3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
154	ICD-O-3 histology code			3226275	Provide the ICD-O-3 histology code describing the morphology of the metastatic/recurrent tumor used to generate the model submitted to HCMI.
155	Maintenance and/or consolidation therapy administered prior to collection of metastatic/ recurrent tissue			6119066	Provide the name(s) of the maintenance and/or consolidation therapy administered to the patient prior to the collection of the metastatic/recurrent tissue used to develop the model.

Enrollment: Brain

Tissue Source Site (TSS) Name: ___ HCMI Identifier (ID3): __ Completion Date (MM/DD/YYYY): _ Completed By: __

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
156	Days to start of		5102411	Provide the number of days from
	maintenance and/or			the index date to the date
	consolidation therapy			maintenance and/or consolidation
	from index date			therapy started.
157	Days to last known		5102431	Provide the number of days from
137	administration date of		3102431	the index date to the last known
	maintenance and/or			date of maintenance and/or
	· ·			
	consolidation therapy			consolidation therapy.
	from index date			
158	Is the patient still	Yes	6379568	Indicate whether the patient is sti
	receiving treatment?	□ No		undergoing maintenance and/or
		☐ Unknown		consolidation therapy.
159	Disease status	☐ No evidence of disease	2188290	Provide the disease status following
		☐ Progressive disease		maintenance and/or consolidation
		☐ Stable disease		therapy.
		☐ Unknown		
160	Performance status	☐ 100: Normal, no complaints	2003853	Indicate the score from the
100	score: Karnofsky score	90: Able to carry out normal activity, minor	2003033	Karnofsky Performance status sca
	Score. Karnoisky score	1		•
		signs or symptoms of disease		representing the functional
		☐ 80: Normal activity with effort, some signs or		capabilities of a person.
		symptoms of disease		
		☐ 70: Cares for self, unable to carry on normal		
		activity or do active work		
		☐ 60: Requires occasional assistance, but is able		
		to care for most of his/her needs		
		☐ 50: Requires considerable assistance and		
		frequent medical care		
		40: Disabled, requires special care		
		☐ 30: Severely disabled		
		☐ 20: Very sick, requiring hospitalization		
		☐ 10: Moribund, fatal processes progressing		
		rapidly		
		☐ 0: Dead; Not Evaluated; Unknown		
161	Number of days from		3479270	Provide the number of days from
	index date to the date			the index date to the date that th
	Karnofsky score			Karnofsky performance status
	obtained			assessment was performed.
162	Performance status	□ 0 Asymptomatic	88	Indicate the ECOG functional
102	score: Eastern	☐ 1 Symptomatic, but fully ambulatory	30	performance status of the
		2 Symptomatic, in bed less than 50% of the day		· ·
	Cooperative Oncology			patient/participant.
	Group (ECOG)	☐ 3 Symptomatic, in bed more than 50% of the		
		day, but not bed-ridden		
		☐ 4 Bed-ridden		
		☐ 5 Dead		
		☐ Not evaluated		
		☐ Unknown		
162a	Number of days from		3479270	Provide the number of days from
	index date to the date			the index date to the date that th
	ECOG performance			ECOG performance status
	score obtained			assessment was performed.
	Score obtained			assessment was performed.
		<u>i</u>	I	1
dditional I	Lower Grade Glioma Meto	astatic/Recurrent Tumor-specific Questions		
dditional I 163	Lower Grade Glioma Meto Laterality of site	astatic/Recurrent Tumor-specific Questions Right	827	Provide the side of the body on
			827	Provide the side of the body on which the lower grade glioma firs

		HCMI
V1.0		
	Enrollment: Brain	
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	
Completed By:	Completion Date (MM/DD/YYYY):	

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
164	Tumor site	☐ Supratentorial, frontal lobe	3139375	Select the anatomic location of the
		☐ Supratentorial, temporal lobe		lower grade glioma within the brain.
		☐ Supratentorial, parietal lobe		
		☐ Supratentorial, occipital lobe		
		☐ Posterior fossa, cerebellum		
		☐ Posterior fossa, brain stem		
		☐ Supratentorial, not otherwise specified		
165	Supratentorial	☐ Cerebral cortex ☐ White matter	3133891	Select the location of the
	localization	☐ Deep gray ☐ Not listed on		supratentorial tumor.
		☐ Spinal cord medical record		
166	Symptom related to	☐ Headaches ☐ Sensory changes	3133911	Select the patient's/participant's
	disease that	☐ Mental status ☐ Visual changes		first presenting symptom of
	presented first	changes □ Unknown		disease.
		☐ Motor/movement		
		changes		
		☐ Seizures		100
				litional metastatic/recurrent Diffuse na (DIPG), continue to question 167. For
				etastatic/recurrent Lower Grade Glioma,
Addition	nal Metastatic/Recurrent	Tumor Clinical Molecular Characterization		uestion 179. For additional
				current Medulloblastoma, proceed to
				Otherwise, proceed to Question 190.
Diffuse Mid	line Glioma (DIPG) Additio	onal Metastatic/Recurrent Tumor Clinical Molecular (Characterizati	on
167	Was H3 K27 mutation	☐ Yes ☐ Unknown	6062598	Indicate whether H3 K27 mutation
	analysis performed?	□ No		analysis was performed.
168	Was a mutation in H3	☐ Yes	6002202	Indicate whether H3 K27 mutation
	K27 identified?	□ No		was identified.
169	If H3 K27 mutation	□ H3.1	6002205	Select the H3 K27 mutation
	identified, in which	☐ H3.3		identified.
	variant was it found?	Other Other		
170	Was H3 K27M IHC	Yes	6062409	Indicate whether H3 K27M was
	performed?	□ No		assessed by immunohistochemistry
		Unknown		(IHC).
171	H3 K27M expression	☐ Positive ☐ Equivocal	6002203	Indicate the expression of H3 K27M
	by IHC	□ Negative		by immunohistochemistry (IHC).
172	Was IDH1/2 mutation	Yes	6062597	Indicate whether mutation analysis
	analysis performed?	□ No		of IDH1 or IDH2 was performed.
172	M/aa a masshahi am im	Unknown	6002200	Indicate whether an IDII1 on IDII2
173	Was a mutation in IDH1/2 identified?	☐ Yes ☐ No	6002200	Indicate whether an IDH1 or IDH2
174	•		6002206	mutation was identified at testing. Note: If the IDH1/2 mutation is not
1/4	If IDH1/2 mutation identified, which one?	□ IDH1 □ IDH2 R132H R132G R172K	6002206	listed, proceed to Question 174a,
	identified, which one:	□ IDH1 □ IDH1 □ IDH2		otherwise, skip to Question 175.
		R132C R132L R172M		·
		□ IDH1 □ IDH2 □ Other		
		R132S R172W (specify)		
174a	Other IDH1/2	MISES MITEUR (Specify)	6002207	If the mutation in IDH1/2 is not
27.10	mutation		0002207	included in the provided list, specify
				the mutation in IDH1/2.
175	What method was	☐ Cancer hotspot panel	6003729	Specify the method used to identify
	used to identify the	☐ Next generation targeted sequencing		mutations.
	IDH1/2 mutation?	☐ Whole exome sequencing		Note: If the method of mutation
		☐ Not performed		identification is not listed, proceed to
		☐ Other (specify)		Question 175a, otherwise, skip to
475	Oth an anatati		6000004	Question 176.
175a	Other mutation		6002204	If the mutation identification
	identification method			method is not included in the
				provided list, specify the method
			<u> </u>	used to identify mutations.

	Enrollment: Brain	A TOPING TO	20	1	1
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	To Series	48		T
Completed By:	Completion Date (MM/DD/YYYY):	an b	36		

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
176	Was IDH1 R132H IHC	☐ Yes	6062408	Indicate whether
	performed?	□ No		immunohistochemistry for IDH1
		☐ Unknown		R132H was performed.
177	IDH1 R132H	Positive	6063674	Indicate the expression of IDH1
	expression by IHC	□ Negative		R132H per immunohistochemistry
		☐ Equivocal		results.
178	MMR status	☐ Evidence of MMR mutation by sequencing	6002208	Indicate the patient's Mismatch
		☐ Evidence of MMR protein loss by IHC ☐ MMR loss evidence hypermutation phenotype		Repair (MMR) gene mutation
		(>10mutations/Mb)		status.
		□ No evidence of MMR alteration		
Lower Grad	⊥ le Glioma Additional Meto	astatic/Recurrent Tumor Clinical Molecular Character	rization	
179	Was IDH1/2 mutation	☐ Yes	6062597	Indicate whether mutation analysis
	analysis performed?	□ No		of IDH1 or IDH2 was performed.
		☐ Unknown		·
180	Was a mutation in	☐ Yes	6002200	Indicate whether an IDH1 or IDH2
	IDH1/2 identified?	□ No		mutation was identified at testing.
181	If IDH1/2 mutation	□ IDH1 □ IDH1 □ IDH2	6002206	Select the mutation identified in
	identified, which one?	R132H R132G R172K		IDH1/2.
		□ IDH1 □ IDH2		Note: If the IDH1/2 mutation is not listed, proceed to Question 181a,
		R132C R132L R172M		otherwise, skip to Question 182.
		□ IDH1 □ IDH2 □ Other		otherwise, skip to question 102.
1010	Other IDII1/2	R132S R172W (specify)	6002207	If the mutation in IDUA /2 is not
181a	Other IDH1/2 mutation		6002207	If the mutation in IDH1/2 is not included in the provided list, specify
	mutation			the mutation in IDH1/2.
182	What method was	☐ Next generation targeted sequencing	6003729	Specify the method used to identify
102	used to identify the	☐ Cancer hotspot panel	0003723	mutations.
	mutation?	☐ Whole exome sequencing		Note: If the method of mutation
		□ Not performed		identification is not listed, proceed to
		☐ Other (specify)		Question 182a, otherwise, skip to
	2.1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Question 183.
182a	Other mutation		6002204	If the mutation identification
	identification method			method is not included in the
				provided list, specify the method used to identify mutations.
183	Was IDH1 R132H IHC	□ Yes	6062408	Indicate whether
103	performed?	□ No	0002408	immunohistochemistry for IDH1
	periorineu:	□ Unknown		R132H was performed.
184	IDH1 R132H	□ Positive	6063674	Indicate the expression of IDH1
	expression by IHC	☐ Negative		R132H per immunohistochemistry
	, ,	☐ Equivocal		results.
185	MMR status	☐ Evidence of MMR mutation by sequencing	6002208	Indicate the patient's Mismatch
		☐ Evidence of MMR protein loss by IHC		Repair (MMR) gene mutation
		☐ MMR loss evidence hypermutation phenotype		status.
		(>10mutations/Mb)		
		☐ No evidence of MMR alteration		
		atic/Recurrent Tumor Clinical Molecular Characteriza		T
186	MYCN gene	☐ Amplified ☐ Not done	4616052	Indicate the amplification status of
	amplification status	□ Not amplified □ Unknown	60000==	the MYCN gene.
187	Genetically defined	□ WNT-activated	6002209	Select the subclass of the
	subclass	SHH-activated		medulloblastoma based on
		□ Non-WNT/non-SHH activated□ Not determined		molecular features.
188	What are the markers	in Not determined	6002210	Specify the genetic information
100	that were used to		0002210	used to determine the
	determine WNT- or			medulloblastoma subclass.
	SHH- activation?			וויכעמווסטומאנטווומ אטטכומאא.
	Jim activation:	<u> </u>	<u> </u>	1

			Emonnent. Brain	
Т	issue Source	Site (TSS) Name:	HCMI Identifier (ID3):	
С	ompleted By	<i></i> /:	Completion Date (MM/DD/YYYY):	
			· · · · · · · · · · · · · · · · · · ·	
	Question	Question Text	Data Entry Ontions	CDF ID



Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Metastatic,	/Recurrent Tumor Model		•	
189	METASTATIC/ RECURRENT model biospecimen ordinal		6594587	Please provide a number to identify which biospecimen this is in the sequence. Note: The first biospecimen should be
				number "1," the second should be number "2," etc.
190	CMDC model ID		6586036	Please provide the CMDC model ID for this sample as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
191	BPC submitter ID (if available)		6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
192	Model's METASTATIC/ RECURRENT tumor tissue CMDC sample ID		6586035	Enter the CMDC Sample ID of the METASTATIC/RECURRENT tissue from which this model is derived.
193	Model's METASTATIC/ RECURRENT tumor tissue biospecimen ordinal		6584266	Enter the biospecimen ordinal of the METASTATIC/RECURRENT tissue from which this model is derived.
Additional	Metastatic/Recurrent Tur	nor Model Information		<u> </u>
194	METASTATIC/ RECURRENT model biospecimen ordinal		6594587	Please provide a number to identify which biospecimen this is in the sequence. Note: The first biospecimen should be number "1," the second should be
195	CMDC model ID		6586036	number "2," etc. Please provide the CMDC model ID for this sample as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
196	BPC submitter ID (if available)		6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
197	Model's METASTATIC/ RECURRENT tumor tissue CMDC sample ID		6586035	Enter the CMDC Sample ID of the METASTATIC/RECURRENT tissue from which this model is derived.
198	Model's METASTATIC/ RECURRENT tumor tissue biospecimen ordinal		6584266	Enter the biospecimen ordinal of the METASTATIC/RECURRENT tissue from which this model is derived.
Other Biosp	pecimen Information			•
199	Are you submitting an OTHER tissue sample?	☐ Yes ☐ No		Indicate whether an OTHER tissue sample (e.g. pre-malignant, non-malignant, dysplastic tissue, etc.) was collected for HCMI for this case. Note: If yes, proceed to Question 200.
200	OTHER tissue biospecimen ordinal		6584267	Please provide a number to identify which biospecimen this is in the sequence. Note: The first biospecimen should be number "1," the second should be number "2," etc.

	Enrollment: Brain	Poster I	P. B.		(Ca)	Y.,
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	1000	4	3		1
Completed By:	Completion Date (MM/DD/YYYY):		6 8 g	6.6	1	

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
201	CMDC sample ID		6586035	Please provide the CMDC sample ID for this specimen as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
202	BPC submitter ID (if available)		6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
203	OTHER tissue sample preservation method	☐ Cryopreserved ☐ OCT ☐ FFPE ☐ Snap frozen	5432521	Provide the method used to preserve the OTHER tissue sample collected for molecular characterization.
204	Method of OTHER tissue sample procurement	☐ Biopsy ☐ Other method (specify)	6587398	Indicate the procedure performed to obtain the OTHER tissue. Note: If the method of procurement is not listed, proceed to Question 204a, otherwise, skip to Question 205.
204a	Other method of cancer sample procurement		6587399	If the procedure performed to obtain the OTHER tissue is not included in the provided list, specify the procedure.
205	Number of days from index date to date of metastatic/ recurrent sample procurement		3288495	Provide the number of days from the index date to the date of the procedure that produced the metastatic/recurrent tumor tissue submitted for HCMI.
206	Tissue type	□ Non-malignant □ Other (specify)	64784	Indicate the OTHER tissue type. Note: If the OTHER tissue type is not listed, proceed to Question 206a, otherwise, skip to Question 207.
206a	Specify tissue type		64785	Specify the OTHER tissue type if not in the provided list.
207	Anatomic site of OTHER tissue	□ Ascites □ Lung □ Bone □ Peritoneal nodes □ Bone marrow □ Pleural effusion □ Cerebrospinal fluid □ Pleural nodules □ CSF □ Regional node □ CNS □ Soft tissue □ Distant nodes □ Spinal Cord □ Liver □ Other (specify)	6696813	Select the site from which the OTHER tissue used to develop the model was derived. Note: If the OTHER tissue site is not listed, proceed to Question 207a, otherwise, skip to Question 208.
207a	Specify anatomic site of OTHER tissue		6584916	If not included in the previous list, specify the site from which the OTHER tissue used to develop the model was derived.
208	ICD-10 code		3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
209	ICD-O-3 histology code		3226275	Provide the ICD-O-3 histology code describing the morphology of the OTHER tissue used to generate the model submitted to HCMI.

	Enrollment: Brain	
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	
Completed By:	Completion Date (MM/DD/YYYY):	

Question	Question Text	Data Entry Options		CDE ID	Instruction Text
Additional (OTHER biospecimen Infori	mation (if applicable)			,
210	Are you submitting an additional OTHER tissue sample?	☐ Yes ☐ No			Indicate whether an OTHER tissue sample (e.g. pre-malignant, non-malignant, or dysplastic tissue, etc.) was collected for HCMI for this case. Note: If yes, proceed to Question 211, otherwise, skip to Question 221.
211	OTHER tissue biospecimen ordinal			6584267	Please provide a number to identify which biospecimen this is in the sequence. Note: The first biospecimen should be number "1," the second should be number "2," etc.
212	CMDC sample ID			6586035	Please provide the CMDC sample ID for this specimen as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
213	BPC submitter ID (if available)			6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
214	OTHER tissue sample preservation method	☐ Cryopreserved ☐ FFPE ☐ Frozen	☐ OCT ☐ Snap frozen	5432521	Provide the method used to preserve the OTHER tissue sample collected for molecular characterization.
215	Method of OTHER tissue sample procurement	☐ Biopsy ☐ Other method (specifi	у)	6587398	Indicate the procedure performed to obtain the metastatic/recurrent tumor tissue. Note: If the method of procurement is not listed, proceed to Question 215a, otherwise, skip to Question 216.
215a	Other method of cancer sample procurement			6587399	If the procedure performed to obtain the tumor tissue is not included in the provided list, specify the procedure.
216	Number of days from index date to date of metastatic/ recurrent sample procurement			3288495	Provide the number of days from the index date to the date of the procedure that produced the metastatic/recurrent tumor tissue submitted for HCMI.
217	Tissue type	☐ Non-malignant ☐ Other (specify)		64784	Indicate the OTHER tissue type. Note: If the OTHER tissue type is not listed, proceed to Question 217a, otherwise, skip to Question 218.
217a	Specify tissue type			64785	Specify the OTHER tissue type if not
218	Anatomic site of OTHER tissue	☐ Ascites ☐ Bone ☐ Bone marrow ☐ Brain ☐ Cerebrospinal fluid (CSF) ☐ CNS ☐ Distant nodes ☐ Liver	□ Lung □ Peritoneal nodes □ Pleural effusion □ Pleural nodules □ Regional node □ Soft tissue □ Spinal Cord □ Other (specify)	6696813	in the provided list. Select the site from which the OTHER tissue used to develop the model was derived. Note: If the OTHER tissue site is not listed, proceed to Question 218a, otherwise, skip to Question 219.

	Linoinnent. Diam	AL ADI
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	C.
Completed By:	Completion Date (MM/DD/YYYY):	



Question	Question Text	Data Entry Options	CDE ID	Instruction Text
218a	Specify anatomic site		6584916	If not included in the previous list,
	of OTHER tissue			specify the site from which the
				OTHER tissue used to develop the
				model was derived.
219	ICD-10 code		3226287	Provide the ICD-10 code for the
213	ICD 10 COUC		3220207	OTHER tissue used to generate the
				model submitted to HCMI.
220	ICD-O-3 histology		3226275	Provide the ICD-O-3 histology code
220	code		32202/3	describing the morphology of the
	code			
				OTHER tissue used to generate the model submitted to HCMI.
				model submitted to ACIVII.
Other Tissu	e Model Information	<u> </u>		1
221	OTHER tissue model		6594590	Please provide a number to identify
	biospecimen ordinal			which biospecimen this is in the
				sequence.
				Note: The first biospecimen should be
				number "1," the second should be
				number "2," etc.
222	CMDC model ID		6586036	Please provide the CMDC model ID
				for this sample as it will appear on
				tubes and the Sample Submission
				Form transmitted to the BPC.
223	BPC submitter ID (if		6584919	Please provide the BPC-generated
	available)			ID for this sample as it will appear
	, , , , , ,			on the Sample Submission Form
				transmitted to the BPC.
224	Model's OTHER tissue		6586035	Enter the CMDC Sample ID of the
	CMDC sample ID		0300033	OTHER tissue from which this model
	0.11.2 0 0ap.c 1.2			is derived.
225	Model's OTHER tissue		6584267	Enter the biospecimen ordinal of
223	biospecimen ordinal		0304207	the OTHER tissue from which this
	biospecimen ordinar			model is derived.
Additional	⊥ Other Tissue Model Infori	l mation (if applicable)		model is derived.
226	OTHER tissue model		6594590	Please provide a number to identify
	biospecimen ordinal			which biospecimen this is in the
				sequence.
				Note: The first biospecimen should be
				number "1," the second should be
				number "2," etc.
227	CMDC model ID		6586036	Please provide the CMDC model ID
				for this sample as it will appear on
				tubes and the Sample Submission
				Form transmitted to the BPC.
228	BPC submitter ID (if		6584919	Please provide the BPC-generated
	available)			ID for this sample as it will appear
				on the Sample Submission Form
				transmitted to the BPC.
229	Model's OTHER tissue		6586035	Enter the CMDC Sample ID of the
	CMDC sample ID			OTHER tissue from which this model
				is derived.
230	Model's OTHER tissue		6584267	Enter the biospecimen ordinal of
230	biospecimen ordinal		0304207	the OTHER tissue from which this
	piospecimen orunial			model is derived.
		1		model is derived.