

Enrollment: Lung

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



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.

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	<input type="checkbox"/> Initial pathologic diagnosis <input type="checkbox"/> Sample procurement <input type="checkbox"/> 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 Information				
4	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	2200604	Provide the patient's gender using the defined categories. Identification of gender is based upon self-report and may come from a form, questionnaire, interview, etc.
5	Height	_____	649	Provide the patient's height, in centimeters.
6	Weight	_____	651	Provide the patient's weight, in kilograms.
7	Body mass index (BMI)	_____	2006410	If the patient's height and weight are not collected, provide the patient's body mass index (BMI).
8	Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> 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.
9	Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown <input type="checkbox"/> 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.
10	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.

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10	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.
11	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.
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	<input type="checkbox"/> Same <input type="checkbox"/> Different <input type="checkbox"/> None <input type="checkbox"/> 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	<input type="checkbox"/> Lifelong non-smoker (<100 cigarettes smoked in a lifetime) <input type="checkbox"/> Current smoker (includes daily and non-daily smokers) <input type="checkbox"/> Current reformed smoker (duration not specified) <input type="checkbox"/> Current reformed smoker for >15 years <input type="checkbox"/> 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	Number pack years smoked	_____	2955385	Indicate the number of pack years smoked. Note: Numeric computed value to represent lifetime tobacco exposure defined as number of cigarettes smoked per day x number of years smoked divided by 20.
16	Tobacco smoking quit year	_____	2228610	Indicate the year in which the patient quit smoking.
17	Asbestos exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	1253	Indicate whether the patient has been exposed to asbestos.
18	Radon exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	2816352	Indicate whether the patient has been exposed to radon.
19	Metastasis at diagnosis assessment status	<input type="checkbox"/> Metastatic <input type="checkbox"/> Non-metastatic (confirmed) <input type="checkbox"/> Non-metastatic (unconfirmed)	3438571	Indicate whether there was evidence of metastasis at the time of diagnosis of the primary tumor. Note: If metastatic at diagnosis, proceed to Question 20, otherwise, skip to Question 21.
20	Metastatic site(s) at diagnosis	<input type="checkbox"/> Adrenal gland <input type="checkbox"/> Bone <input type="checkbox"/> Brain <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Lymph node(s)- non-regional <input type="checkbox"/> Other (specify)	3108271	Indicate the site(s) of metastasis at the time of diagnosis of the primary tumor. Note: If the anatomic site of metastasis is not listed, proceed to Question 20a, otherwise, skip to Question 21.
20a	Specify metastatic site(s)	_____	3128033	If the site of metastasis is not included on the provided list, specify the site of metastasis.
Biospecimen Information				
21	Tissue sample type(s) collected for HCMI for this case	<input type="checkbox"/> Normal tissue <input type="checkbox"/> Primary tumor <input type="checkbox"/> Metastatic <input type="checkbox"/> Recurrent <input type="checkbox"/> Other tissue	2006911	Please select all the tissue sample types submitted for HCMI with this case.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
22	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.
23	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.
24	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.
25	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.
26	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 Control Information				
27	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.
28	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.
29	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.
30	Type of normal control	<input type="checkbox"/> Whole blood <input type="checkbox"/> Buccal cells <input type="checkbox"/> Buffy coat <input type="checkbox"/> Lymphocytes <input type="checkbox"/> Extracted DNA from blood <input type="checkbox"/> Extracted DNA from saliva <input type="checkbox"/> Extracted DNA from buccal cells <input type="checkbox"/> Extracted DNA from normal tissue <input type="checkbox"/> FFPE non-neoplastic tissue <input type="checkbox"/> Non-neoplastic tissue	3081936	Indicate the type of normal control submitted for this case.

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Question	Question Text	<input type="checkbox"/> Data Entry Options	CDE ID	Instruction Text
31	Anatomic site of normal tissue	<input type="checkbox"/> Bronchus <input type="checkbox"/> Left lower lobe lung <input type="checkbox"/> Left upper lobe lung <input type="checkbox"/> Right lower lobe lung <input type="checkbox"/> Right middle lobe lung <input type="checkbox"/> Right upper lobe lung <input type="checkbox"/> Other (specify) <input type="checkbox"/> Not applicable	4132152	If non-neoplastic tissue was submitted as the normal control, select the anatomic site of the normal tissue. Note: If the anatomic site of normal tissue is not listed, proceed to Question 31a, otherwise, skip to Question 32.
31a	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.
32	Distance from tumor to normal control tissue (if not blood)	<input type="checkbox"/> Adjacent (< or = 2cm) <input type="checkbox"/> Distal (>2cm) <input type="checkbox"/> Unknown <input type="checkbox"/> 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'.
33	Normal tissue sample preservation method	<input type="checkbox"/> Cryopreserved <input type="checkbox"/> FFPE <input type="checkbox"/> Frozen <input type="checkbox"/> OCT <input type="checkbox"/> Snap frozen	5432521	Provide the method used to preserve the normal tissue sample collected for molecular characterization.
Primary Tumor Biospecimen Information				
34	ICD-10 code for primary tumor	<input type="checkbox"/> C34.0 <input type="checkbox"/> C34.1 <input type="checkbox"/> C34.2 <input type="checkbox"/> C34.3 <input type="checkbox"/> C34.8 <input type="checkbox"/> C34.9 <input type="checkbox"/> Other (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 34a, otherwise, skip to Question 35.
34a	Other ICD-10 code for primary tumor	_____	3226287	If the ICD-10 code for the tumor used to generate the model submitted to HCM I is not included on the provided list, specify the ICD-10 code.
35	Tumor morphology	<input type="checkbox"/> 8052/3 <input type="checkbox"/> 8070/3 <input type="checkbox"/> 8073/3 <input type="checkbox"/> 8083/3 <input type="checkbox"/> 8084/3 <input type="checkbox"/> 8140/3 <input type="checkbox"/> 8230/3 <input type="checkbox"/> 8250/3 <input type="checkbox"/> 8255/3 <input type="checkbox"/> 8260/3 <input type="checkbox"/> 8490/3 <input type="checkbox"/> 8550/3 <input type="checkbox"/> 8560/3 <input type="checkbox"/> 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 35a, otherwise, skip to Question 36.
35a	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.
36	Tissue or organ of origin	<input type="checkbox"/> Lung <input type="checkbox"/> 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 36a, otherwise skip to Question 37.
36a	Other tissue or organ of origin	_____	5946219	If the primary site of the disease is not included on the previous list, provide the primary site of the disease.
37	Histological Type	<input type="checkbox"/> Lung cancer <input type="checkbox"/> 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 37a, otherwise, skip to Question 38.
37a	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.

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38	Histological subtype	<input type="checkbox"/> Acinar adenocarcinoma <input type="checkbox"/> Adenocarcinoma in situ; mucinous <input type="checkbox"/> Adenocarcinoma in situ; nonmucinous <input type="checkbox"/> Adenosquamous carcinoma <input type="checkbox"/> Basaloid squamous cell carcinoma <input type="checkbox"/> Colloid adenocarcinoma <input type="checkbox"/> Enteric adenocarcinoma <input type="checkbox"/> Fetal adenocarcinoma <input type="checkbox"/> Keratinizing squamous cell carcinoma <input type="checkbox"/> Lepidic adenocarcinoma <input type="checkbox"/> Micropapillary adenocarcinoma <input type="checkbox"/> Minimally invasive adenocarcinoma; mucinous <input type="checkbox"/> Minimally invasive adenocarcinoma; nonmucinous <input type="checkbox"/> Nonkeratinizing squamous cell carcinoma <input type="checkbox"/> Papillary adenocarcinoma <input type="checkbox"/> Signet ring adenocarcinoma <input type="checkbox"/> Solid adenocarcinoma <input type="checkbox"/> Adenocarcinoma (NOS) <input type="checkbox"/> Squamous cell carcinoma (NOS) <input type="checkbox"/> Other (specify) <input type="checkbox"/> Unknown	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 38a, otherwise, skip to Question 39.
38a	Other histological subtype	_____	3124492	If the histological subtype for the primary tumor is not included in the provided list, specify the histological subtype.
39	Prior malignancy (of the same cancer type)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	5832924	Indicate whether the patient has a history of prior malignancy of the same cancer type.
40	Prior malignancy (other cancer type)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	5878828	Indicate whether the patient has a history of prior malignancy of a different cancer type.
41	AJCC cancer staging edition	<input type="checkbox"/> 1 st <input type="checkbox"/> 4 th <input type="checkbox"/> 7 th <input type="checkbox"/> 2 nd <input type="checkbox"/> 5 th <input type="checkbox"/> 8 th <input type="checkbox"/> 3 rd <input type="checkbox"/> 6 th	2722309	Select the AJCC staging handbook edition used to stage the patient's primary tumor.
42	Clinical stage group	<input type="checkbox"/> Stage 0 <input type="checkbox"/> Stage IIB <input type="checkbox"/> Stage IA <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IA1 <input type="checkbox"/> Stage IIIA <input type="checkbox"/> Stage IA2 <input type="checkbox"/> Stage IIIB <input type="checkbox"/> Stage IA3 <input type="checkbox"/> Stage IIIC <input type="checkbox"/> Stage IB <input type="checkbox"/> Stage IV <input type="checkbox"/> Stage II <input type="checkbox"/> Stage IVA <input type="checkbox"/> Stage IIA <input type="checkbox"/> Stage IVB	3440332	Using the patient's pathology/laboratory report, select the clinical stage group of the primary tumor as defined by the American Joint Committee on Cancer (AJCC).
43	AJCC pathologic spread: Primary tumor (pT)	<input type="checkbox"/> T0 <input type="checkbox"/> T1c <input type="checkbox"/> Tis <input type="checkbox"/> T2a <input type="checkbox"/> Tis (SCIS) <input type="checkbox"/> T2b <input type="checkbox"/> Tis (AIS) <input type="checkbox"/> T3 <input type="checkbox"/> T1mi <input type="checkbox"/> T4 <input type="checkbox"/> T1a <input type="checkbox"/> TX <input type="checkbox"/> T1b	3045435	Using the patient's pathology/laboratory report, select the code for the pathologic T (primary tumor) as defined by the American Joint Committee on Cancer (AJCC).
44	AJCC pathologic spread: Lymph nodes (pN)	<input type="checkbox"/> N0 <input type="checkbox"/> N3 <input type="checkbox"/> N1 <input type="checkbox"/> NX <input type="checkbox"/> N2	3203106	Using the patient's pathology/laboratory report, select the code for the pathologic N (nodal) as defined by the American Joint Committee on Cancer (AJCC).
45	AJCC pathologic spread: Distant metastases (pM)	<input type="checkbox"/> M0 <input type="checkbox"/> M1b <input type="checkbox"/> M1 <input type="checkbox"/> M1c <input type="checkbox"/> M1a <input type="checkbox"/> MX	3045439	Using the patient's pathology/laboratory report, select the code for the pathologic M (metastasis) as defined by the American Joint Committee on Cancer (AJCC).

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46	Tumor stage (pathological)	<input type="checkbox"/> Stage 0 <input type="checkbox"/> Stage II <input type="checkbox"/> Stage IIIB <input type="checkbox"/> Stage IA <input type="checkbox"/> Stage IIA <input type="checkbox"/> Stage IIIC <input type="checkbox"/> Stage IA1 <input type="checkbox"/> Stage IIB <input type="checkbox"/> Stage IV <input type="checkbox"/> Stage IA2 <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IVA <input type="checkbox"/> Stage IA3 <input type="checkbox"/> Stage IIIA <input type="checkbox"/> Stage IVB <input type="checkbox"/> Stage IB	3065862	Using the patient's pathology/laboratory report, in conjunction with the patient's medical record, select the stage as defined by the American Joint Committee on Cancer (AJCC).
47	Tumor grade	<input type="checkbox"/> G1-Well differentiated <input type="checkbox"/> G2-Moderately differentiated <input type="checkbox"/> G3-Poorly differentiated <input type="checkbox"/> G4-Undifferentiated <input type="checkbox"/> GB-Borderline histologic grade <input type="checkbox"/> GX-Unknown	2785839	Using the patient's pathology/laboratory report, select the grade of the primary tumor.
Prognostic/Predictive/Lifestyle Features for Primary Tumor Prognosis or Responsiveness to Treatment				
48	Was KRAS mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6060079	Indicate whether KRAS mutation analysis was performed. Note: If KRAS mutation analysis was not performed, skip to Question 51.
49	Was a mutation in KRAS identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6060081	Indicate whether a mutation in KRAS was identified through mutation analysis. Note: If KRAS mutation was not identified, skip to Question 51.
50	If KRAS mutation identified, which one?	<input type="checkbox"/> G12A <input type="checkbox"/> G12V <input type="checkbox"/> G13V <input type="checkbox"/> G12C <input type="checkbox"/> G13A <input type="checkbox"/> Q61H <input type="checkbox"/> G12D <input type="checkbox"/> G13C <input type="checkbox"/> Q61L <input type="checkbox"/> G12R <input type="checkbox"/> G13D <input type="checkbox"/> A146T <input type="checkbox"/> G12S <input type="checkbox"/> G13R <input type="checkbox"/> Other (specify)	6060083	Indicate the specific KRAS mutation identified. Note: If the KRAS mutation is not listed, proceed to Question 50a, otherwise, skip to Question 51.
50a	Other KRAS mutation(s)	_____	6101691	If the KRAS mutation identified is not provided in the previous list, specify the KRAS mutation.
51	Was EGFR mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063955	Indicate whether EGFR mutation analysis was performed. Note: If EGFR mutation analysis was not performed, skip to Question 54.
52	Was a mutation in EGFR identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6063530	Indicate whether a mutation in EGFR was identified through mutation analysis. Note: If EGFR mutation was not identified, skip to Question 54.
53	If EGFR mutation identified, which one?	<input type="checkbox"/> G719X <input type="checkbox"/> L861Q <input type="checkbox"/> T790M <input type="checkbox"/> Exon 19 deletion <input type="checkbox"/> C797S <input type="checkbox"/> Exon 20 insertion <input type="checkbox"/> L858R <input type="checkbox"/> Other (specify)	3147627	Indicate the specific EGFR mutation identified. Note: If the EGFR mutation is not listed, proceed to Question 53a, otherwise, skip to Question 54.
53a	Other EGFR mutation(s)	_____	4173882	If the EGFR mutation identified is not provided in the previous list, specify the EGFR mutation.
54	Was BRAF mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6061813	Indicate whether BRAF mutation analysis was performed. Note: If BRAF mutation analysis was not performed, skip to Question 57.
55	Was a mutation in BRAF identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6061809	Indicate whether a mutation in BRAF was identified through mutation analysis. Note: If BRAF mutation was not identified, skip to Question 57.
56	If BRAF mutation identified, which one?	<input type="checkbox"/> V600D <input type="checkbox"/> V600R <input type="checkbox"/> V600E <input type="checkbox"/> K601E <input type="checkbox"/> V600K <input type="checkbox"/> Other (specify)	6061810	Indicate the specific BRAF mutation identified. Note: If the BRAF mutation is not listed, proceed to Question 56a, otherwise, skip to Question 57.
56a	Other BRAF mutation	_____	6101687	If the BRAF mutation identified is not provided in the previous list, specify the BRAF mutation.

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57	Was MET mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6078874	Indicate whether MET mutation analysis was performed. Note: If MET mutation analysis was not performed, skip to Question 60.
58	Was a mutation in MET identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6078886	Indicate whether a mutation in MET was identified through mutation analysis. Note: If MET mutation was not identified, skip to Question 60.
59	If MET mutation identified, which one?	<input type="checkbox"/> D963 splice mutation <input type="checkbox"/> D1010N <input type="checkbox"/> D1010 splice mutation <input type="checkbox"/> Intron 13 mutation <input type="checkbox"/> Intron 14 mutation <input type="checkbox"/> Exon 14 mutation <input type="checkbox"/> Exon 14 deletion <input type="checkbox"/> Other (specify)	6078901	Indicate the specific MET mutation identified. Note: If the MET mutation is not listed, proceed to Question 59a, otherwise, skip to Question 60.
59a	Other MET mutation	_____	6230525	If the BRAF mutation is not included in the list provided, specify the MET mutation identified.
60	Was EML4-ALK translocation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063976	Indicate whether EML4-ALK translocation analysis was performed. Note: If EML4-ALK translocation analysis was not performed, skip to Question 64.
61	Was an EML4-ALK translocation identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6063959	Indicate whether an EML4-ALK translocation was identified. Note: If EML4-ALK translocation was not identified, skip to Question 64.
62	If EML4-ALK translocation found, which variant?	<input type="checkbox"/> Variant 1 <input type="checkbox"/> Variant 2 <input type="checkbox"/> Variant 3 <input type="checkbox"/> Variant 4 <input type="checkbox"/> Variant 5	3139445	Indicate the EML4-ALK translocation variant that was identified.
63	What method was used to identify the EML4-ALK translocation	<input type="checkbox"/> Cytogenetics <input type="checkbox"/> FISH <input type="checkbox"/> NGS <input type="checkbox"/> IHC (nuclear staining) <input type="checkbox"/> RT-PCR <input type="checkbox"/> Other	3139449	Specify the method used to identify the EML4-ALK translocation variant.
64	Was ROS1 FISH performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6078871	Indicate whether fluorescence in situ hybridization (FISH) analysis of the ROS1 gene was performed. Note: If ROS FISH was not performed, skip to Question 66.
65	Was ROS1 rearrangement detected by FISH?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6078881	Indicate whether a ROS1 rearrangement was identified by fluorescence in situ hybridization (FISH).
66	Was RET gene rearrangement analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6078872	Indicate whether RET gene rearrangement analysis was performed. Note: If RET rearrangement analysis was not performed, skip to Question 68.
67	Was a RET rearrangement identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6078882	Indicate whether a RET rearrangement was identified.
68	Was PD-L1 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6078873	Indicate whether PD-L1 expression was assessed by immunohistochemistry (IHC). Note: If PD-L1 IHC was not performed, skip to Question 70.
69	PD-L1 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	4798631	Indicate the status of PD-L1 protein expression as determined by immunohistochemistry (IHC).
70	Was HER2 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063454	Indicate whether HER2 expression was assessed by immunohistochemistry (IHC). Note: If HER2 IHC was not performed, skip to Question 72.

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71	HER2 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	2957563	Indicate the expression of HER2 as assessed by immunohistochemistry (IHC).
Primary Tumor Sample Information				
72	Are you submitting a primary tumor tissue sample for this case?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, proceed to question 73. If submitting a metastatic/recurrent tumor sample, proceed to Question 99.</i>
73	Primary tumor biospecimen ordinal	_____	6584265	Please provide a number to identify which biospecimen this is in the sequence. Note: This number should be "1".
74	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.
75	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.
76	Sample represents primary diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6584730	Does this primary tumor specimen represent the PRIMARY DIAGNOSIS for this Case ID3? Note: If no, continue to Question 77, otherwise, skip to Question 78.
77	Specify the ICD-10 code	_____	3226287	Provide the ICD-10 code for the primary tumor used to generate the model submitted to HCMI.
78	Tumor tissue sample preservation method	<input type="checkbox"/> Cryopreserved <input type="checkbox"/> FFPE <input type="checkbox"/> Frozen <input type="checkbox"/> OCT <input type="checkbox"/> Snap frozen	5432521	Provide the method used to preserve the tumor tissue sample collected for molecular characterization.
79	Anatomic Site of tumor from which Model was Derived	<input type="checkbox"/> Left lower lobe lung <input type="checkbox"/> Left upper lobe lung <input type="checkbox"/> Right lower lobe lung <input type="checkbox"/> Right middle lobe lung <input type="checkbox"/> Right upper lobe lung <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Bone <input type="checkbox"/> Brain <input type="checkbox"/> Bronchus <input type="checkbox"/> Liver <input type="checkbox"/> Lymph node <input type="checkbox"/> Other (specify)	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 79a. Otherwise, skip to Question 80.
79a	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.
80	Method of cancer sample procurement	<input type="checkbox"/> Cytology <input type="checkbox"/> Fine needle aspiration biopsy <input type="checkbox"/> Incisional biopsy <input type="checkbox"/> Excisional biopsy <input type="checkbox"/> Tumor resection <input type="checkbox"/> Other (specify)	3103514	Provide the procedure performed to obtain the primary tumor tissue. Note: If the method of procurement is not listed, proceed to Question 80a, otherwise, skip to Question 81.
80a	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.

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81	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.
82	Tumor tissue type	<input type="checkbox"/> Primary <input type="checkbox"/> Additional Primary <input type="checkbox"/> NOS	3288124	Provide the primary tumor tissue type for this sample.
Primary Tumor Model Information				
83	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".
84	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.
85	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.
86	Model represents primary diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6584730	Does this MODEL represent the PRIMARY DIAGNOSIS for this Case ID3?
87	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.
88	Model's primary tumor biospecimen ordinal	_____	6584265	Enter the biospecimen ordinal of the PRIMARY TUMOR TISSUE from which this model is derived.
Treatment Information				
89	History of neoadjuvant treatment	<input type="checkbox"/> No <input type="checkbox"/> Yes; radiation prior to resection <input type="checkbox"/> Yes; pharmaceutical treatment prior to resection <input type="checkbox"/> Yes; both radiation and pharmaceutical treatment prior to resection <input type="checkbox"/> Unknown	3382737	Indicate whether the patient received neoadjuvant radiation or pharmaceutical treatment. Note: Pharmaceutical therapy is addressed in Questions 90-96. Radiation therapy is addressed in Questions 97-98.
90	Neoadjuvant chemotherapy type	<input type="checkbox"/> Cytotoxic chemotherapy <input type="checkbox"/> Hormonal <input type="checkbox"/> Immunotherapy (cellular and immune checkpoint) <input type="checkbox"/> Targeted therapy (small molecule inhibitors and targeted antibodies) <input type="checkbox"/> Not applicable	5832928	Select all neoadjuvant chemotherapy types that were administered to the patient. Note: Cytotoxic chemotherapy is addressed in Questions 90-92. Immunotherapy is addressed in Questions 93-94. Targeted therapy is addressed in Questions 95-96.
91	Neoadjuvant chemotherapeutic regimen	<input type="checkbox"/> Albumin-bound paclitaxel <input type="checkbox"/> Cisplatin <input type="checkbox"/> Carboplatin <input type="checkbox"/> Docetaxel <input type="checkbox"/> Etoposide <input type="checkbox"/> Gemcitabine <input type="checkbox"/> Irinotecan <input type="checkbox"/> Paclitaxel <input type="checkbox"/> Pemetrexed <input type="checkbox"/> Vinblastine <input type="checkbox"/> Vinorelbine <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Chemotherapy not given	2853313	Select all chemotherapeutics used for neoadjuvant therapy. Note: If neoadjuvant chemotherapy was not given, skip to Question 93. If the neoadjuvant chemotherapeutic regimen is not listed, proceed to Question 91a, otherwise, skip to Question 92.
91a	Other neoadjuvant chemotherapeutic regimen	_____	62694	If the neoadjuvant therapy is not included in the provided list, specify neoadjuvant therapies administered.
92	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
93	Immunotherapy	<input type="checkbox"/> Atezolizumab <input type="checkbox"/> Ipilimumab <input type="checkbox"/> Nivolumab <input type="checkbox"/> Pembrolizumab <input type="checkbox"/> Other (specify)	6078897	Specify the name of the immunotherapy administered. Note: Note: If immunotherapy was not administered, skip to Question 95. If the immunotherapy is not listed, proceed to Question 93a, otherwise, skip to Question 94.
93a	Immunotherapy	_____	2953828	Specify the name of the immunotherapy administered.
94	Days to immunotherapy treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with immunotherapy.
95	Targeted Therapy	<input type="checkbox"/> Afatinib <input type="checkbox"/> Alectinib <input type="checkbox"/> ASP8273 <input type="checkbox"/> Avitinib <input type="checkbox"/> Bevacizumab <input type="checkbox"/> Ceritinib <input type="checkbox"/> Crizotinib <input type="checkbox"/> Erlotinib <input type="checkbox"/> Gefitinib <input type="checkbox"/> Nazartinib <input type="checkbox"/> Necitumumab <input type="checkbox"/> Nivolumab <input type="checkbox"/> Olmutinib <input type="checkbox"/> Osimertinib <input type="checkbox"/> PF-06747775 <input type="checkbox"/> Ramucirumab <input type="checkbox"/> Rociletinib <input type="checkbox"/> Other (specify)	6078893	Select the targeted therapy administered to the patient. Note: If the targeted therapy regimen is not listed, proceed to Question 95a, otherwise, skip to Question 96.
95a	Specify targeted therapy	_____	4308476	Provide the name of the targeted therapy administered to the patient.
96	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.
97	Radiation therapy administered type	<input type="checkbox"/> 2D conventional <input type="checkbox"/> 3D conformal <input type="checkbox"/> Brachytherapy HDR <input type="checkbox"/> Brachytherapy LDR <input type="checkbox"/> IMRT <input type="checkbox"/> Proton Beam <input type="checkbox"/> Stereotactic Body RT <input type="checkbox"/> Stereotactic Radiosurgery <input type="checkbox"/> WBRT <input type="checkbox"/> Other (specify) <input type="checkbox"/> Unspecified <input type="checkbox"/> 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 99. If the radiation therapy is not listed, proceed to Question 97a, otherwise, skip to Question 98.
97a	Other radiation therapy	_____	2195477	If the radiation therapy type is not included in the provided list, specify the type.
98	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.
Metastatic/Recurrent Tumor Biospecimen Information				
99	Are you submitting a metastatic/recurrent tumor tissue sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Indicate whether a metastatic/recurrent tumor biospecimen was collected for this ID3 case. Note: If yes, proceed to Question 100. If submitting an OTHER tissue sample, proceed to Question 191.
100	Metastatic/recurrent 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.
101	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.
102	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
103	Metastatic/ recurrent tumor tissue sample preservation method	<input type="checkbox"/> Cryopreserved <input type="checkbox"/> FFPE <input type="checkbox"/> Frozen <input type="checkbox"/> OCT <input type="checkbox"/> Snap frozen	5432521	Provide the method used to preserve the metastatic/recurrent tumor tissue sample collected for molecular characterization.
104	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.
105	Method of metastatic/ recurrent cancer sample procurement	<input type="checkbox"/> Cytology <input type="checkbox"/> Fine needle aspiration biopsy <input type="checkbox"/> Incisional biopsy <input type="checkbox"/> Excisional biopsy <input type="checkbox"/> Tumor resection <input type="checkbox"/> Other (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 105a, otherwise, skip to Question 106.
105a	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.
106	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.
107	Metastatic/ recurrent site	<input type="checkbox"/> Left lower lobe lung <input type="checkbox"/> Left upper lobe lung <input type="checkbox"/> Right lower lobe lung <input type="checkbox"/> Right middle lobe lung <input type="checkbox"/> Right upper lobe lung <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Bone <input type="checkbox"/> Brain <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Lymph node(s)-non-regional <input type="checkbox"/> 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 107a, otherwise, skip to Question 108.
107a	Other metastatic/ recurrent site	_____	6587395	If not included in the previous list, specify the site from which the metastatic/recurrent tissue used to develop the model was derived.
108	Site of relapse	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Distant <input type="checkbox"/> Not applicable	2002506	If the primary tumor relapsed, provide the site of relapse.
109	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
110	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.
111	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
112	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.
113	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.
114	Is the patient still receiving treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.
115	Disease status	<input type="checkbox"/> No evidence of disease <input type="checkbox"/> Progressive disease <input type="checkbox"/> Stable disease <input type="checkbox"/> Unknown	2188290	Provide the disease status following maintenance and/or consolidation therapy.
Prognostic/Predictive/Lifestyle Features for Metastatic/Recurrent Tumor Prognosis or Responsiveness to Treatment				
116	Was KRAS mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6060079	Indicate whether KRAS mutation analysis was performed. Note: If KRAS mutation analysis was not performed, skip to Question 119.
117	Was a mutation in KRAS identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6060081	Indicate whether a mutation in KRAS was identified through mutation analysis. Note: If KRAS mutation was not identified, skip to Question 119.
118	If KRAS mutation identified, which one?	<input type="checkbox"/> G12A <input type="checkbox"/> G12V <input type="checkbox"/> G13V <input type="checkbox"/> G12C <input type="checkbox"/> G13A <input type="checkbox"/> Q61H <input type="checkbox"/> G12D <input type="checkbox"/> G13C <input type="checkbox"/> Q61L <input type="checkbox"/> G12R <input type="checkbox"/> G13D <input type="checkbox"/> A146T <input type="checkbox"/> G12S <input type="checkbox"/> G13R <input type="checkbox"/> Other (specify)	6060083	Indicate the specific KRAS mutation identified. Note: If the KRAS mutation is not listed, proceed to Question 118a, otherwise, skip to Question 119.
118a	Other KRAS mutation(s)	_____	6101691	If the KRAS mutation identified is not provided in the previous list, specify the KRAS mutation.
119	Was EGFR mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063955	Indicate whether EGFR mutation analysis was performed. Note: If EGFR mutation analysis was not performed, skip to Question 122.
120	Was a mutation in EGFR identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6063530	Indicate whether a mutation in EGFR was identified through mutation analysis. Note: If EGFR mutation was not identified, skip to Question 122.
121	If EGFR mutation identified, which one?	<input type="checkbox"/> G719X <input type="checkbox"/> L861Q <input type="checkbox"/> T790M <input type="checkbox"/> Exon 19 deletion <input type="checkbox"/> C797S <input type="checkbox"/> Exon 20 insertion <input type="checkbox"/> L858R <input type="checkbox"/> Other (specify)	3147627	Indicate the specific EGFR mutation identified. Note: If the EGFR mutation is not listed, proceed to Question 121a, otherwise, skip to Question 122.
121a	Other EGFR mutation(s)	_____	4173882	If the EGFR mutation identified is not provided in the previous list, specify the EGFR mutation.
122	Was BRAF mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6061813	Indicate whether BRAF mutation analysis was performed. Note: If BRAF mutation analysis was not performed, skip to Question 125.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text	
123	Was a mutation in BRAF identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6061809	Indicate whether a mutation in BRAF was identified through mutation analysis. Note: If BRAF mutation was not identified, skip to Question 125.	
124	If BRAF mutation identified, which one?	<input type="checkbox"/> V600D <input type="checkbox"/> V600E <input type="checkbox"/> V600K	<input type="checkbox"/> V600R <input type="checkbox"/> K601E <input type="checkbox"/> Other (specify)	6061810	Indicate the specific BRAF mutation identified. Note: If the BRAF mutation is not listed, proceed to Question 124a, otherwise, skip to Question 125.
124a	Other BRAF mutation	<input type="checkbox"/> _____	6101687	If the BRAF mutation identified is not provided in the previous list, specify the BRAF mutation.	
125	Was MET mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6078874	Indicate whether MET mutation analysis was performed. Note: If MET mutation analysis was not performed, skip to Question 128.	
126	Was a mutation in MET identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6078886	Indicate whether a mutation in MET was identified through mutation analysis. Note: If MET mutation was not identified, skip to Question 128.	
127	If MET mutation identified, which one?	<input type="checkbox"/> D963 splice mutation <input type="checkbox"/> D1010N <input type="checkbox"/> D1010 splice mutation <input type="checkbox"/> Intron 13 mutation	<input type="checkbox"/> Intron 14 mutation <input type="checkbox"/> Exon 14 mutation <input type="checkbox"/> Exon 14 deletion <input type="checkbox"/> Other (specify)	6078901	Indicate the specific MET mutation identified. Note: If the MET mutation is not listed, proceed to Question 127a, otherwise, skip to Question 128.
127a	Other MET mutation	_____	6230525	If the MET mutation is not included in the list provided, specify the MET mutation identified.	
128	Was EML4-ALK translocation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063976	Indicate whether EML4-ALK translocation analysis was performed. Note: If EML4-ALK translocation analysis was not performed, skip to Question 132.	
129	Was an EML4-ALK translocation identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6063959	Indicate whether an EML4-ALK translocation was identified. Note: If EML4-ALK translocation was not identified, skip to Question 132.	
130	If EML4-ALK translocation found, which variant?	<input type="checkbox"/> Variant 1 <input type="checkbox"/> Variant 2 <input type="checkbox"/> Variant 3 <input type="checkbox"/> Variant 4 <input type="checkbox"/> Variant 5	3139445	Indicate the EML4-ALK translocation variant that was identified.	
131	What method was used to identify the EML4-ALK translocation	<input type="checkbox"/> Cytogenetics <input type="checkbox"/> FISH <input type="checkbox"/> NGS	<input type="checkbox"/> IHC (nuclear staining) <input type="checkbox"/> RT-PCR <input type="checkbox"/> Other	3139449	Specify the method used to identify the EML4-ALK translocation variant.
132	Was ROS1 FISH performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6078871	Indicate whether fluorescence in situ hybridization (FISH) analysis of the ROS1 gene was performed. Note: If ROS FISH was not performed, skip to Question 134.	
133	Was ROS1 rearrangement detected by FISH?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6078881	Indicate whether a ROS1 rearrangement was identified by fluorescence in situ hybridization (FISH).	
134	Was RET gene rearrangement analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6078872	Indicate whether RET gene rearrangement analysis was performed. Note: If RET rearrangement analysis was not performed, skip to Question 136.	
135	Was a RET rearrangement identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6078882	Indicate whether a RET rearrangement was identified.	

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
136	Was PD-L1 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6078873	Indicate whether PD-L1 expression was assessed by immunohistochemistry (IHC). Note: If PD-L1 IHC was not performed, skip to Question 138.
137	PD-L1 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	4798631	Indicate the status of PD-L1 protein expression as determined by immunohistochemistry (IHC).
138	Was HER2 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063454	Indicate whether HER2 expression was assessed by immunohistochemistry (IHC). Note: If HER2 IHC was not performed, skip to Question 140.
139	HER2 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	2957563	Indicate the expression of HER2 as assessed by immunohistochemistry (IHC).
Additional Metastatic/Recurrent Tumor Biospecimen Information (if applicable)				
140	Are you submitting an additional metastatic/recurrent tumor tissue sample?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 141, otherwise, skip to Question 181.
141	Metastatic/recurrent tissue biospecimen ordinal	_____	6584266	Please provide a number to identify which biospecimen this is in the sequence. The first biospecimen should be number "1," the second should be number "2," etc.
142	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.
143	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.
144	Metastatic/recurrent tumor tissue sample preservation method	<input type="checkbox"/> Cryopreserved <input type="checkbox"/> FFPE <input type="checkbox"/> Frozen <input type="checkbox"/> OCT <input type="checkbox"/> Snap frozen	5432521	Provide the method used to preserve the metastatic/recurrent tumor tissue sample collected for molecular characterization.
145	Number of days from index date to date of diagnosis of additional metastasis/recurrence	_____	6132218	Provide the number of days from the index date to the date of diagnosis of additional metastatic/recurrent disease.
146	Method of metastatic/recurrent cancer sample procurement	<input type="checkbox"/> Cytology <input type="checkbox"/> Fine needle aspiration biopsy <input type="checkbox"/> Incisional biopsy <input type="checkbox"/> Excisional biopsy <input type="checkbox"/> Tumor resection <input type="checkbox"/> Other (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 146a, otherwise, skip to Question 147.
146a	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
147	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.
148	Metastatic/recurrent site	<input type="checkbox"/> Left lower lobe lung <input type="checkbox"/> Left upper lobe lung <input type="checkbox"/> Right lower lobe lung <input type="checkbox"/> Right middle lobe lung <input type="checkbox"/> Right upper lobe lung <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Bone <input type="checkbox"/> Brain <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Lymph node(s)- non-regional <input type="checkbox"/> 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 148a, otherwise, skip to Question 149.
148a	Other metastatic/recurrent site	_____	6587395	If not included in the previous list, specify the site from which the metastatic/recurrent tissue used to develop the model was derived.
149	Site of relapse	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Distant <input type="checkbox"/> Not applicable	2002506	If the primary tumor relapsed, provide the site of relapse.
150	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
151	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.
152	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.
153	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.
154	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.
155	Is the patient still receiving treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
156	Disease status	<input type="checkbox"/> No evidence of disease <input type="checkbox"/> Progressive disease <input type="checkbox"/> Stable disease <input type="checkbox"/> Unknown	2188290	Provide the disease status following maintenance and/or consolidation therapy.
Prognostic/Predictive/Lifestyle Features for Additional Metastatic/Recurrent Tumor Prognosis or Responsiveness to Treatment				
157	Was KRAS mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6060079	Indicate whether KRAS mutation analysis was performed. Note: If KRAS mutation analysis was not performed, skip to Question 160.
158	Was a mutation in KRAS identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6060081	Indicate whether a mutation in KRAS was identified through mutation analysis. Note: If KRAS mutation was not identified, skip to Question 160.
159	If KRAS mutation identified, which one?	<input type="checkbox"/> G12A <input type="checkbox"/> G12V <input type="checkbox"/> G13V <input type="checkbox"/> G12C <input type="checkbox"/> G13A <input type="checkbox"/> Q61H <input type="checkbox"/> G12D <input type="checkbox"/> G13C <input type="checkbox"/> Q61L <input type="checkbox"/> G12R <input type="checkbox"/> G13D <input type="checkbox"/> A146T <input type="checkbox"/> G12S <input type="checkbox"/> G13R <input type="checkbox"/> Other (specify)	6060083	Indicate the specific KRAS mutation identified. Note: If the KRAS mutation is not listed, proceed to Question 159a, otherwise, skip to Question 160.
159a	Other KRAS mutation(s)	_____	6101691	If the KRAS mutation identified is not provided in the previous list, specify the KRAS mutation.
160	Was EGFR mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063955	Indicate whether EGFR mutation analysis was performed. Note: If EGFR mutation analysis was not performed, skip to Question 163.
161	Was a mutation in EGFR identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6063530	Indicate whether a mutation in EGFR was identified through mutation analysis. Note: If EGFR mutation was not identified, skip to Question 163.
162	If EGFR mutation identified, which one?	<input type="checkbox"/> G719X <input type="checkbox"/> L861Q <input type="checkbox"/> T790M <input type="checkbox"/> Exon 19 deletion <input type="checkbox"/> C797S <input type="checkbox"/> Exon 20 insertion <input type="checkbox"/> L858R <input type="checkbox"/> Other (specify)	3147627	Indicate the specific EGFR mutation identified. Note: If the EGFR mutation is not listed, proceed to Question 162a, otherwise, skip to Question 163.
162a	Other EGFR mutation(s)	_____	4173882	If the EGFR mutation identified is not provided in the previous list, specify the EGFR mutation.
163	Was BRAF mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6061813	Indicate whether BRAF mutation analysis was performed. Note: If BRAF mutation analysis was not performed, skip to Question 166.
164	Was a mutation in BRAF identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6061809	Indicate whether a mutation in BRAF was identified through mutation analysis. Note: If BRAF mutation was not identified, skip to Question 166.
165	If BRAF mutation identified, which one?	<input type="checkbox"/> V600D <input type="checkbox"/> V600R <input type="checkbox"/> V600E <input type="checkbox"/> K601E <input type="checkbox"/> V600K <input type="checkbox"/> Other (specify)	6061810	Indicate the specific BRAF mutation identified. Note: If the BRAF mutation is not listed, proceed to Question 165a, otherwise, skip to Question 166.
165a	Other BRAF mutation	_____	6101687	If the BRAF mutation identified is not provided in the previous list, specify the BRAF mutation.
166	Was MET mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6078874	Indicate whether MET mutation analysis was performed. Note: If MET mutation analysis was not performed, skip to Question 169.
167	Was a mutation in MET identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6078886	Indicate whether a mutation in MET was identified through mutation analysis. Note: If MET mutation was not identified, skip to Question 169.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
168	If MET mutation identified, which one?	<input type="checkbox"/> D963 splice mutation <input type="checkbox"/> D1010N <input type="checkbox"/> D1010 splice mutation <input type="checkbox"/> Intron 13 mutation <input type="checkbox"/> Intron 14 mutation <input type="checkbox"/> Exon 14 mutation <input type="checkbox"/> Exon 14 deletion <input type="checkbox"/> Other (specify)	6078901	Indicate the specific MET mutation identified. Note: If the MET mutation is not listed, proceed to Question 168a, otherwise, skip to Question 169.
168a	Other MET mutation	_____	6230525	If the BRAF mutation is not included in the list provided, specify the MET mutation identified.
169	Was EML4-ALK translocation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063976	Indicate whether EML4-ALK translocation analysis was performed. Note: If EML4-ALK translocation analysis was not performed, skip to Question 173.
170	Was an EML4-ALK translocation identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6063959	Indicate whether an EML4-ALK translocation was identified. Note: If EML4-ALK translocation was not identified, skip to Question 173.
171	If EML4-ALK translocation found, which variant?	<input type="checkbox"/> Variant 1 <input type="checkbox"/> Variant 2 <input type="checkbox"/> Variant 3 <input type="checkbox"/> Variant 4 <input type="checkbox"/> Variant 5	3139445	Indicate the EML4-ALK translocation variant that was identified.
172	What method was used to identify the EML4-ALK translocation	<input type="checkbox"/> Cytogenetics <input type="checkbox"/> FISH <input type="checkbox"/> NGS <input type="checkbox"/> IHC (nuclear staining) <input type="checkbox"/> RT-PCR <input type="checkbox"/> Other	3139449	Specify the method used to identify the EML4-ALK translocation variant.
173	Was ROS1 FISH performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6078871	Indicate whether fluorescence in situ hybridization (FISH) analysis of the ROS1 gene was performed. Note: If ROS FISH was not performed, skip to Question 175.
174	Was ROS1 rearrangement detected by FISH?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6078881	Indicate whether a ROS1 rearrangement was identified by fluorescence in situ hybridization (FISH).
175	Was RET gene rearrangement analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6078872	Indicate whether RET gene rearrangement analysis was performed. Note: If RET rearrangement analysis was not performed, skip to Question 177.
176	Was a RET rearrangement identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6078882	Indicate whether a RET rearrangement was identified.
177	Was PD-L1 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6078873	Indicate whether PD-L1 expression was assessed by immunohistochemistry (IHC). Note: If PD-L1 IHC was not performed, skip to Question 179.
178	PD-L1 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	4798631	Indicate the status of PD-L1 protein expression as determined by immunohistochemistry (IHC).
179	Was HER2 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063454	Indicate whether HER2 expression was assessed by immunohistochemistry (IHC). Note: If HER2 IHC was not performed, skip to Question 181.
180	HER2 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	2957563	Indicate the expression of HER2 as assessed by immunohistochemistry (IHC).

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Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Metastatic/Recurrent Tumor Model Information				
181	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.
182	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.
183	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.
184	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.
185	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 Biospecimen Tumor Model Information (if applicable)				
186	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.
187	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.
188	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.
189	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.
190	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 Biospecimen Information				
191	Are you submitting an OTHER tissue sample?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 192.
192	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.

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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
193	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.
194	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.
195	OTHER tissue sample preservation method	<input type="checkbox"/> Cryopreserved <input type="checkbox"/> FFPE <input type="checkbox"/> Frozen <input type="checkbox"/> OCT <input type="checkbox"/> Snap frozen	5432521	Provide the method used to preserve the OTHER tissue sample collected for molecular characterization.
196	Other method of cancer sample procurement	<input type="checkbox"/> Cytology <input type="checkbox"/> Fine needle aspiration biopsy <input type="checkbox"/> Incisional biopsy <input type="checkbox"/> Excisional biopsy <input type="checkbox"/> Tumor resection <input type="checkbox"/> Other (specify)	6587398	Provide the procedure performed to obtain the OTHER tissue. Note: If the method of procurement is not listed, proceed to Question 196a, otherwise, skip to Question 197.
196a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
197	Number of days from index date to date of OTHER sample procurement	_____	3288495	Provide the number of days from the index date to the date of the procedure that produced the OTHER tissue submitted for HCMI.
198	Tissue type	<input type="checkbox"/> Pre-malignant <input type="checkbox"/> Other (specify)	64784	Indicate the OTHER tissue type. Note: If the OTHER tissue type is not listed, proceed to Question 198a, otherwise, skip to Question 199.
198a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
199	Anatomic site of OTHER tissue	<input type="checkbox"/> Left lower lobe lung <input type="checkbox"/> Left upper lobe lung <input type="checkbox"/> Right lower lobe lung <input type="checkbox"/> Right middle lobe lung <input type="checkbox"/> Right upper lobe lung <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Bone <input type="checkbox"/> Brain <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Lymph node(s)- non-regional <input type="checkbox"/> 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 199a, otherwise, skip to Question 200.
199a	Specify anatomic site of OTHER tissue	_____	6584916	Specify the site of OTHER tissue, if not in the previous list.
200	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
201	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.
Additional OTHER biospecimen Information (if applicable)				

Enrollment: Lung

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
202	Are you submitting an additional OTHER tissue sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Indicate whether an additional OTHER tissue sample (pre-malignant, non-malignant, or dysplastic tissue, etc.) is being submitted for HCMI for this case. Note: If yes, proceed to Question 203, otherwise, skip to Question 213.
203	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.
204	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.
205	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.
206	OTHER tissue sample preservation method	<input type="checkbox"/> Cryopreserved <input type="checkbox"/> FFPE <input type="checkbox"/> Frozen <input type="checkbox"/> OCT <input type="checkbox"/> Snap frozen	5432521	Provide the method used to preserve the OTHER tissue sample collected for molecular characterization.
207	Other method of cancer sample procurement	<input type="checkbox"/> Cytology <input type="checkbox"/> Fine needle aspiration biopsy <input type="checkbox"/> Incisional biopsy <input type="checkbox"/> Excisional biopsy <input type="checkbox"/> Tumor resection <input type="checkbox"/> Other (specify)	6587398	Provide the procedure performed to obtain the OTHER tissue. Note: If the method of procurement is not listed, proceed to Question 207a, otherwise, skip to Question 208.
207a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
208	Number of days from index date to date of OTHER sample procurement	_____	3288495	Provide the number of days from the index date to the date of the procedure that produced the OTHER tissue submitted for HCMI.
209	Tissue type	<input type="checkbox"/> Pre-malignant <input type="checkbox"/> Other (specify)	64784	Indicate the OTHER tissue type. Note: If the OTHER tissue type is not listed, proceed to Question 209a, otherwise, skip to Question 210.
209a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
210	Anatomic site of OTHER tissue	<input type="checkbox"/> Left lower lobe lung <input type="checkbox"/> Left upper lobe lung <input type="checkbox"/> Right lower lobe lung <input type="checkbox"/> Right middle lobe lung <input type="checkbox"/> Right upper lobe lung <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Bone <input type="checkbox"/> Brain <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Lymph node(s)- non-regional <input type="checkbox"/> 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 210a, otherwise, skip to Question 211.

Enrollment: Lung

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
210a	Specify anatomic site of OTHER tissue	_____	6584916	Specify the site of OTHER tissue, if not in the previous list.
211	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCM I.
212	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 HCM I.
Other Tissue Model Information				
213	OTHER tissue model biospecimen ordinal	_____	6594590	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.
214	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.
215	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.
216	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
217	Model's OTHER tissue biospecimen ordinal	_____	6584267	Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.
Additional Other Tissue Model Information (if applicable)				
218	OTHER tissue model biospecimen ordinal	_____	6594590	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.
219	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.
220	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.
221	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
222	Model's OTHER tissue biospecimen ordinal	_____	6584267	Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.