١	,	4		$\overline{}$
١	1		l .	O

HCIV		
(2.50)	7	W
10-0		· A
	3.7.	7

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	☐ 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 Inf		T	2200004	I 5 · 1 · 1 · 1 · 1
4	Gender	☐ Male ☐ Female ☐ 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	☐ 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.
9	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.
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.

	Enrollment: Ovarian	Total Co	The same		6	7
Tissue Source Site (TSS) Name: _	HCMI Identifier (ID3):	Way Si	-			T
Completed By:	Completion Date (MM/DD/YYYY):	and l	3	000	1	1

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
11	Patient age on	Data Lifely Options	6379572	Provide the age (in days) of the patient on
	index date			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. Note: 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. Note: If metastatic at diagnosis, proceed to Question 16, otherwise, skip to Question 17.
16	Metastatic site(s) at diagnosis	☐ Liver ☐ Lung ☐ Pleura ☐ Lymph nodes ☐ Peritoneum ☐ Omentum ☐ 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.
17	Clinical history	 □ BRCA1/2 family history □ Hereditary breast/ovarian cancer □ Lynch syndrome □ Not applicable □ Other (specify) 	6690684	Indicate patient's prior relevant clinical history. Note: If no ovarian cancer risk factors have been identified, skip to Question 18. If the clinical history is not listed, proceed to Question 17a, otherwise, skip to Question 18.
17a	Other clinical history		6690685	If a disease or disorder in the patient's clinical history is not included in the provided list, please specify.
Biospecim	en Information		<u> </u>	provided list, prease specify.
18	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.
19	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.
20	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.

Tissue Source Site (TSS) Name: ______

Enrollment: Ovarian

HCMI Identifier (ID3): _____Completion Date (MM/DD/YYYY): _____

HCM	B	
66	86.	7
10 0		
-		

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
21	Number of	Data Lift y Options	6584258	Please provide the number of metastatic
21	METASTATIC/ RECURRENT cancer tissue biospecimens collected for HCMI model development for this case		0364236	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.
22	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.
23	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 Co	ntrol Information			
24	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.
25	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.
26	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.
27	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 □ FFPE non-neoplastic tissue □ Non-neoplastic tissue	3081936	Indicate the type of normal control submitted for this case.
28	Anatomic site of normal tissue	☐ Right ovary ☐ Left ovary ☐ Right fallopian tube ☐ Left fallopian tube ☐ Right tubo-ovarian ☐ Left tubo-ovarian ☐ Omentum ☐ Other (specify) ☐ 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 28a, otherwise, skip to Question 29.

١	1	1		0
١	,	ш	L	u

		The second second	0 1		2		1
	Enrollment: Ovarian	では	1	20	(Ca)	1	-
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	WO SH	1	18		1	
Completed By:	Completion Date (MM/DD/YYYY):	1	8		1	-	

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
28a	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.
29	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'.
30	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 Tu	ımor Biospecimen Info	rmation		
31	ICD-10 code for primary tumor	☐ C56.1 ☐ C56.2 ☐ C56.9 ☐ 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 31a, otherwise, skip to Question 32.
31a	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.
32	Tumor Morphology	□ 8020/3 □ 8620/1 □ 9060/3 □ 8041/3 □ 8622/1 □ 9070/3 □ 8120/3 □ 8634/3 □ 9071/3 □ 8310/3 □ 8805/3 □ 9072/3 □ 8323/3 □ 8931/3 □ 9080/3 □ 8380/3 □ 8933/3 □ 9085/3 □ 8381/3 □ 8950/3 □ 9100/3 □ 8441/3 □ 9000/3 □ Other □ 8480/3 □ 9015/3 (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 32a, otherwise, skip to Question 33.
32a	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.
33	Tissue or organ of origin	☐ Ovary ☐ 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 33a, otherwise skip to Question 34.
33a	Other tissue or organ of origin	□ Abdomen □ Other ill-defined sites □ Accessory sinus □ Palate □ Adrenal gland □ Pancreas □ Appendix □ Peripheral nerves and autonomic nervous system of trunk □ Brain □ Peritoneum □ Colon □ Peritoneum □ Connective, subcutaneous and other soft tissues □ Prostate gland □ Esophagus □ Rectosigmoid junction □ Esophagus □ Rectum □ Gallbladder □ Renal pelvis □ Retroperitoneum □ Skin	3427536	If the primary site of the disease is not included on the previous list, provide the primary site of the disease.

١/	1	n
ν	_1	 u

	CMI	D			
6					7
V.		2	Contract of the second	1.	4
	No.	20		1	
	- D			-	

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

-		<u> </u>		
		□ Head, face or neck □ Small intestine □ Heart □ Spinal cord □ Heart □ Stomach □ Liver □ Thymus □ Liver □ Thyroid gland □ Lung □ Tongue □ Lymph node □ Tonsil □ Male genital □ Trachea organs □ Unknown □ Mediastinum primary □ Mouth □ Uterus □ Nasal cavity □ Vagina □ Nasopharynx Vulva □ Nervous system Oropharynx		
34	Histological Type	☐ Ovarian 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 34a, otherwise, skip to Question 35.
34a	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.
35	Histological subtype	Serous: Serous tubal intraepithelial carcinoma (STIC) Serous borderline tumor/atypical proliferative serous tumor Serous borderline tumor/atypical proliferative serous tumor with microinvasion Serous borderline tumor-micropapillary variant/noninvasive low-grade serous carcinoma Low-grade serous carcinoma High grade serous carcinoma Mucinous: Mucinous borderline tumor/atypical proliferative serous tumor Mucinous borderline tumor/atypical proliferative mucinous tumor with intraepithelial carcinoma Mucinous borderline tumor/atypical proliferative mucinous tumor with microinvasion Mucinous carcinoma Seromucinous: Seromucinous borderline tumor/atypical proliferative seromucinous tumor Hendometrioid: Endometrioid borderline tumor/atypical proliferative endometrioid tumor	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 35a, otherwise, skip to Question 36.

١	1	1		0
١	,	ш	L	u

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

		□ Endometrioid borderline tumor/atypical proliferative endometrioid tumor with microinvasion □ Endometrioid carcinoma Clear Cell: □ Clear cell borderline tumor/atypical proliferative clear cell tumor □ Clear cell carcinoma Brenner: □ Borderline Brenner tumor/atypical proliferative Brenner tumor □ Malignant Brenner tumor □ Mixed epithelial borderline tumor Malignant Sex Cord-Stromal: □ Granulosa cell tumor, adult type □ Granulosa cell tumor, juvenile type □ Sertoli-Leydig cell tumor □ Other sex cord-stromal tumor Malignant Germ Cell: □ Dysgerminoma □ Yolk sac tumor □ Embryonal carcinoma □ Choriocarcinoma, non-gestational □ Immature teratoma □ Carcinoma arising in a teratoma □ Mixed malignant germ cell tumor Other:		
		☐ Carcinoma, Subtype Cannot Be Determined		
		 ☐ Undifferentiated Carcinoma ☐ Carcinosarcoma (malignant mixed Müllerian tumor) 		
		☐ Small cell carcinoma, pulmonary type☐ Small cell carcinoma, hypercalcemic type☐		
		□ Squamous cell carcinoma □ Transitional cell carcinoma □ Undifferentiated carcinoma		
35a	Other histological	Other (specify)	3124492	If the histological subtype for the primary
	subtype			tumor is not included in the provided list, specify the histological subtype.
36	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.
37	Prior malignancy (other cancer type)	☐ Yes ☐ No ☐ Unknown	5878828	Indicate whether the patient has a history of prior malignancy of a different cancer type.
38	AJCC cancer staging edition	☐ 1 st ☐ 4 th ☐ 7 th ☐ 2 nd ☐ 5 th ☐ 8 th ☐ 3 rd ☐ 6 th	2722309	Select the AJCC staging handbook edition used to stage the patient's primary tumor.
39	AJCC pathologic spread: Primary tumor (pT)	□ TX □ T1c1 □ T2b □ T0 □ T1c2 □ T3 □ T1 □ T1c3 □ T3a □ T1a □ T2 □ T3b □ T1b □ T2a □ T3c □ T1c □ T2a □ T3c	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).
40	AJCC pathologic spread: Lymph nodes (pN)	□ NX □ N1 □ N0 □ N1a □ N0(i+) □ N1b	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).

	Enrollment: Ovarian	TO SERVE	Jan 1	20	(C)	1
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):		2	48	1	14
Completed By:	Completion Date (MM/DD/YYYY):	1	6 8	2000	1	

Question	Question Text	Data Entry Options	CDE ID Instruction Text
41	AJCC pathologic	Пмх	3045439 Using the patient's pathology/laboratory
	spread: Distant metastases (pM)	□ M1a □ M0 □ M1b	report, select the code for the pathologic M (metastasis) as defined by the American Joint Committee on Cancer (AJCC).
42	Tumor stage (pathological)	□ Stage I □ Stage IIIA1 □ Stage IA □ Stage IIIA2 □ Stage IB □ Stage IIIB □ Stage IC □ Stage IIIC □ Stage II □ Stage IV □ Stage IIA □ Stage IVA □ Stage IIB □ Stage IVB	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).
43	FIGO stage	□ I □ IIIA1(ii) □ IA □ IIA □ IIIA2 □ IB □ IIB □ IIIB □ IC □ III □ IIIC □ IC1 □ IIIA □ IV □ IC2 □ IIIA1 □ IVA □ IC3 □ IIIA1(i) □ IVB	5326898 Using the patient's pathology/laboratory report, in conjunction with the patient's medical record, select the stage as defined by the Federation of Gynecology and Obstetrics (FIGO), 2014 edition.
44	Two-tier grade	□ Low grade□ High grade□ Not applicable	6690670 Using the patient's pathology/laboratory report, select the grade using the two-tier grading system. Note: This question is required for serous carcinomas.
45	Tumor grade for immature teratomas	☐ G1 ☐ G2 ☐ G3 ☐ GX	2785839 Using the patient's pathology/laboratory report, if the primary tumor is an immature teratoma, select the grade.
46	Specimen integrity	☐ Capsule intact ☐ Capsule ruptured ☐ Fragmented ☐ Other (specify)	6690671 Select the best description of the physical condition of the ovarian cancer tumor. Note: If the specimen integrity is not listed, proceed to Question 46a, otherwise, skip to Question 47.
46a	Specify specimen integrity		6690672 If not included in the previous list, specify the best description of the physical condition of the ovarian cancer tumor.
47	Ovarian surface involvement	☐ Present ☐ Absent ☐ Cannot be determined	6690674 Indicate whether the surface tissue (outer boundary) of the ovary shows evidence of involvement or presence of cancer.
48	Tumor size, largest dimension	cm	64215 Provide the largest dimension of the primary tumor in cm, regardless of anatomical plane.
49	Other tissue/organ involvement (select all that apply)	□ Right ovary □ Left ovary □ Ovary (side not specified) □ Right fallopian tube □ Left fallopian tube □ Fallopian tube (side not specified) □ Uterus □ Cervix □ Pelvic peritoneum □ Abdominal peritoneum □ Omentum □ Not applicable □ Not identified □ Other (specify)	2793699 Select all sites of other tissue/organ involvement. This does not include the primary tumor site. Note: If the other tissue/organ involvement is not listed, proceed to Question 49a, otherwise, skip to Question 50.
49a	Specify other tissue/organ involvement		6690678 If not included in the previous list, specify the other site of other tissue/organ involvement. This does not include the primary tumor site.

- HCMI	B	
Con	5	
		3

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
50	Largest extrapelvic	☐ Microscopic	6690680	Indicate the diameter of the largest focus
	peritoneal focus	☐ Macroscopic (2 cm or less) ☐ Macroscopic (greater than 2 cm)		originating outside of the pelvic peritoneal region.
		□ Not applicable		region.
		☐ Cannot be determined		
51	Peritoneal/Ascitic	☐ Not submitted/unknown	6690681	Indicate the outcome of cytological analysis
	fluid	☐ Negative for malignancy (normal/benign)		for peritoneal/ascitic fluid.
		Atypical and/or suspicious		
		☐ Malignant (positive for malignancy) ☐ Unsatisfactory/nondiagnostic		
52	Number of positive	- Onsacisfactory/nonalagnostic	89	Provide the number of lymph nodes with
	lymph nodes			disease involvement.
53	Number of lymph		3	Provide the total number of lymph nodes
	nodes examined		5500500	tested for the presence of cancer cells.
54	Additional pathologic findings	☐ None identified☐ Serous tubal intraepithelial carcinoma	6690682	Indicate additional pathologic findings present in the patient. <i>Note: If the additional</i>
	patriologic illiuligs	(STIC)		pathologic finding is not listed, proceed to
		☐ Endometriosis		Question 54a, otherwise, skip to Question 55.
		☐ Endosalpingiosis		
		☐ Other (specify)		
54a	Specify additional		6690683	If not included in the previous list, specify
55	pathologic findings Treatment effect		6692843	any additional pathologic findings. Select the original Chemotherapy Response
33	Treatment effect	□ CRS 1	0032843	Score that indicates the histopathologic
		CRS 2		response and prognosis of patients with
		☐ CRS 3 ☐ No known presurgical therapy		tubo-ovarian high-grade serous carcinoma
		☐ Cannot be determined		(HGSC) receiving neoadjuvant
56	Was upper Cl		6690696	chemotherapy. Indicate whether an upper gastrointestinal
50	Was upper GI- endoscopy		0090090	endoscopy was performed that excluded a
	performed with			gastrointestinal primary malignancy.
	negative results to	☐ Yes ☐ No		
	exclude a	□ Unknown		
	gastrointestinal			
	primary malignancy?			
57	Was colonoscopy		6690697	Indicate whether a colonoscopy was
	performed with			performed that excluded a gastrointestinal
	negative results to	☐ Yes		primary malignancy.
	exclude a	□ No		
	gastrointestinal	☐ Unknown		
	primary malignancy?			
58	Residual tumor	☐ No grossly visible tumor	6690699	Indicate the status of a residual neoplasm
	following surgical	☐ Residual tumor <= 1 cm		following tumor debulking.
	debulking	☐ Residual tumor > 1 cm		
59	Was serum CA-125	☐ Yes	6692833	Indicate whether a test of serum levels of
	measured?	□ No		CA-125 was performed. Note: If serum CA-125 was measured, proceed to Question 60,
		☐ Unknown		otherwise, skip to Question 64.
60	Baseline CA-125 (at		6690700	Provide the numeric value of CA-125 at
	diagnosis, before			baseline.
	neoadjuvant			
	chemotherapy or surgery)			
61	CA-125 at the end		6690702	Provide the numeric value of CA-125 at the
	of neoadjuvant		3333732	end of neoadjuvant chemotherapy.
	chemotherapy			.,

1/	1	_
v	-1	u

(Section 2)		· •
49.40	1020	

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
62	CA-125 after		6690704	Provide the numeric value of CA-125
	debulking surgery			following tumor debulking surgery.
63	CA-125 during		3008730	Provide the numeric value of CA-125 at the
	follow-up/ at the			time of follow-up or initial disease
	time of recurrence			recurrence.
	mor Clinical Molecula	r Characterization		
64	Was BRCA1	☐ Yes	6690686	Indicate whether mutation analysis of
	mutation analysis	□ No		BRCA1 was performed. Note: If BRCA1
	performed?	☐ Unknown		mutation analysis was performed, proceed to Question 65, otherwise, skip to Question 69.
65	BRCA1 mutational		6690687	Indicate the type of BRCA1 variant identified
03	analysis result	□ No variant	0030007	as a result of mutational analysis. Note: If a
		Benign variant		pathogenic variant or variant of uncertain
		☐ Pathogenic variant (specify)☐ Variant of uncertain significance (VUS)		significance was identified, proceed to Question
		(specify)		65a, otherwise, skip to Question 66.
_		(зреспу)		
65a	Specify the BRCA1		6690688	Specify the pathogenic BRCA1 variant or
	variant			BRCA1 variant of unknown significance
	NA - Ale - al al A -		6002720	identified as a result of mutational analysis.
66	Method used to	☐ Next-generation targeted sequencing	6003729	Indicate the method used in BRCA1
	identify BRCA1 mutation	☐ Whole exome sequencing		mutation analysis. Note: If a cancer hotspot panel was used, proceed to Question 67. If the
	mutation	☐ Cancer hotspot panel (specify)		method is not listed, proceed to Question 68,
		☐ Other (specify)		otherwise skip to Question 69.
67	Specify the panel		6690689	Specify the cancer hotspot panel used in
	sequencing test			BRCA1 mutation analysis.
	used to identify the			
	BRCA1 mutation			
68	Other method used		6002204	If not included in the previous list, specify
	to identify BRCA1			the method used in BRCA1 mutation
	mutation			analysis.
69	Was BRCA2	☐ Yes	6690690	Indicate whether mutation analysis of
	mutation analysis	□ No		BRCA2 was performed. Note: If BRCA2
	performed?	☐ Unknown		mutation analysis was performed, proceed to Question 70, otherwise, skip to Question 74.
70	BRCA2 mutational	☐ No variant	6690691	Indicate the type of BRCA2 variant identified
	analysis result	☐ Benign variant	0000001	as a result of mutational analysis. Note: If a
	,	☐ Pathogenic variant (specify)		pathogenic variant or variant of uncertain
		☐ Variant of uncertain significance (VUS)		significance was identified, proceed to Question
		(specify)		70a, otherwise, skip to Question 71.
70a	Specify the BRCA2		6690693	Specify the pathogenic BRCA2 variant or
	variant			BRCA2 variant of unknown significance
				identified as a result of mutational analysis.
71	Method used to	☐ Next-generation targeted sequencing	6003729	Indicate the method used in BRCA2
	identify BRCA2	☐ Whole exome sequencing		mutation analysis. Note: If a cancer hotspot
	mutation	☐ Cancer hotspot panel (specify)		panel was used, proceed to Question 72. If the method is not listed, proceed to Question 73,
		☐ Other (specify)		otherwise, skip to Question 74.
72	Specify the panel		6690736	Specify the cancer hotspot panel used in
	sequencing test			BRCA2 mutation analysis.
	used to identify the			
	BRCA2 mutation			
73	Other method used		6002204	If not included in the previous list, specify
	to identify BRCA2			the method used in BRCA2 mutation
	mutation			analysis.
74	Was MLH1 IHC	☐ Yes	6062411	Indicate whether MLH1 expression was
	performed?	□ No		assessed by immunohistochemistry (IHC).
		☐ Unknown		Note: If MLH1 IHC was performed, proceed to
		<u> </u>		Question 75, otherwise, skip to Question 76.

HCMI	2
	N.

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
75	MLH1 expression		6063668	Indicate the status of MLH1 protein
, ,	by IHC	☐ Positive	0003000	expression as determined by
	by in C	☐ Negative		immunohistochemistry (IHC).
		☐ Equivocal		inimunonistochemistry (irre).
76	MLH1 promoter	☐ Absent	6033150	Indicate the methylation status of the MLH1
	methylation status	☐ Present		promoter.
	,	□ Not assessed		'
		☐ Indeterminate		
77	Was MSH2 IHC	□ Yes	6062412	Indicate whether MSH2 expression was
	performed?	□ No		assessed by immunohistochemistry (IHC).
		☐ Unknown		Note: If MSH2 IHC was performed, proceed to
78	MSH2 expression	☐ Positive	6063669	Question 78, otherwise, skip to Question 79. Indicate the status of MSH2 protein
76	by IHC	☐ Negative	0003009	expression as determined by
	by inc	☐ Equivocal		immunohistochemistry (IHC).
79	Was PMS2 IHC	L Equivocai	6062413	Indicate whether PMS2 expression was
79	performed?	☐ Yes	0002413	assessed by immunohistochemistry (IHC).
	periorifieus	□ No		Note: If PMS2 IHC was performed, proceed to
		☐ Unknown		Question 80, otherwise, skip to Question 81.
80	PMS2 expression by	☐ Positive	6063670	Indicate the status of PMS2 protein
	IHC	☐ Negative		expression as determined by
		☐ Equivocal		immunohistochemistry (IHC).
81	Was MSH6 IHC	•	6062414	Indicate whether MSH6 expression was
	performed?	☐ Yes		assessed by immunohistochemistry (IHC).
		□ No		Note: If MSH6 IHC was performed, proceed to
		□ Unknown		Question 82, otherwise, skip to Question 83.
82	MSH6 expression	☐ Positive	6063671	Indicate the status of MSH6 protein
	by IHC	☐ Negative		expression as determined by
		☐ Equivocal		immunohistochemistry (IHC).
83	Was p53 IHC	□ Yes	6690705	Indicate whether p53 expression was
	performed?	□ No		assessed by immunohistochemistry (IHC).
		☐ Unknown		Note: If p53 IHC was performed, proceed to
0.4			6600740	Question 84, otherwise, skip to Question 85.
84	p53 expression by	□ Normal	6690719	Indicate the status of p53 protein expression
	IHC	Abnormal strong diffuse overexpression		as determined by immunohistochemistry
		(>90%)		(IHC).
		☐ Abnormal null expression (complete loss		
		of expression) Cannot be determined		
85	Was ER IHC	- Cannot be determined	6062416	Indicate whether estrogen receptor (ER)
	performed?	□ Yes	0002-110	expression was assessed by
	po	□ No		immunohistochemistry (IHC). Note: If ER IHC
		☐ Unknown		was performed, proceed to Question 86,
				otherwise, skip to Question 87.
86	ER expression by	☐ Positive	6690720	Indicate the status of estrogen receptor (ER)
	IHC			protein expression as determined by
		□ Negative		immunohistochemistry (IHC).
		☐ Equivocal		
87	Was PR IHC		6062504	Indicate whether progesterone receptor
	performed?	☐ Yes		(PR) expression was assessed by
		□ No		immunohistochemistry (IHC). Note: If PR IHC
		☐ Unknown		was performed, proceed to Question 88,
88	DR expression by	☐ Positive	6063673	otherwise, skip to Question 89. Indicate the status of progesterone receptor
οδ	PR expression by IHC		0003073	(PR) protein expression as determined by
	""	☐ Negative ☐ Equivocal		immunohistochemistry (IHC).
89	Was PAX-8 IHC	•	6690706	Indicate whether PAX-8 expression was
03	performed?	☐ Yes	0030700	assessed by immunohistochemistry (IHC).
	periorilleu:	□ No		Note: If PAX-8 IHC was performed, proceed to
		☐ Unknown		Question 90, otherwise, skip to Question 91.
	<u> </u>	L	<u> </u>	question 50, otherwise, skip to question 31.

	Enrollment: Ovarian	Value 1	The second	20	(B	7
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	(XO)	3	3	1	75
Completed By:	Completion Date (MM/DD/YYYY):	1	68	6.3	2	

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
90	PAX-8 expression	☐ Positive	6690721	Indicate the status of PAX-8 protein
	by IHC	☐ Negative		expression as determined by
		☐ Equivocal		immunohistochemistry (IHC).
91	Was WT-1 IHC	□ Yes	6690712	Indicate whether WT-1 expression was
	performed?	□ No		assessed by immunohistochemistry (IHC).
		□ Unknown		Note: If WT-1 IHC was performed, proceed to
				Question 92, otherwise, skip to Question 93.
92	WT-1 expression by	Positive	6690723	Indicate the status of WT-1 protein
	IHC	☐ Negative		expression as determined by
		☐ Equivocal		immunohistochemistry (IHC).
93	Was p16 IHC	□ Yes	6690713	Indicate whether p16 expression was
	performed?	□ No		assessed by immunohistochemistry (IHC).
		☐ Unknown		Note: If p16 IHC was performed, proceed to
94	n16 oversesion by	□ Positivo	6690724	Question 94, otherwise, skip to Question 95.
94	p16 expression by IHC	Positive	0090724	Indicate the status of p16 protein expression
	Inc	□ Negative		as determined by immunohistochemistry
05	Mas UNE 1 UIC	☐ Equivocal	CC00714	(IHC).
95	Was HNF-1 IHC performed?	☐ Yes	6690714	Indicate whether HNF-1 expression was assessed by immunohistochemistry (IHC).
	performed:	□ No		Note: If HNF-1 IHC was performed, proceed to
		☐ Unknown		Question 96, otherwise, skip to Question 97.
96	HNF-1 expression	☐ Positive	6690731	Indicate the status of HNF-1 protein
	by IHC	☐ Negative	0000701	expression as determined by
	<i>z</i> , <i>z</i>	☐ Equivocal		immunohistochemistry (IHC).
97	Was CDX-2 IHC	'	6690715	Indicate whether CDX-2 expression was
3,	performed?	☐ Yes	0030713	assessed by immunohistochemistry (IHC).
	periorinea.	□ No		Note: If CDX-2 IHC was performed, proceed to
		☐ Unknown		Question 98, otherwise, skip to Question 99.
98	CDX-2 expression	☐ Positive	6690732	Indicate the status of CDX-2 protein
	by IHC	☐ Negative		expression as determined by
		☐ Equivocal		immunohistochemistry (IHC).
99	Was CK-7 IHC	☐ Yes	6690716	Indicate whether CK-7 expression was
	performed?	□ No		assessed by immunohistochemistry (IHC).
		☐ Unknown		Note: If CK-7 IHC was performed, proceed to
				Question 100, otherwise, skip to Question 101.
100	CK-7 expression by	Positive	6690733	Indicate the status of CK-7 protein
	IHC	☐ Negative		expression as determined by
101		☐ Equivocal		immunohistochemistry (IHC).
101	Was CK-20 IHC	☐ Yes	6690717	Indicate whether CK-20 expression was
	performed?	□ No		assessed by immunohistochemistry (IHC).
		☐ Unknown		Note: If CK-20 IHC was performed, proceed to Question 102, otherwise, skip to Question 103.
102	CK-20 expression		6690717	Indicate whether CK-20 expression was
102	by IHC	☐ Positive	0030717	assessed by immunohistochemistry (IHC).
	by in c	☐ Negative		assessed by initialionistochemistry (ine).
		☐ Equivocal		
Primary Tu	ımor Sample Informati	on		
103	Are you submitting			If yes, proceed to Question 104.
	a primary tumor	□ Yes		If no and submitting a metastatic/recurrent
	tissue sample for	□ No		tumor sample, proceed to Question 132.
	this case?	-		
104	Primary tumor		6584265	Please provide a number to identify which
	biospecimen			biospecimen this is in the sequence. <i>Note:</i>
	ordinal			This number should be "1".
		<u> </u>		
105	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.

Enrollment: Ovarian

HCM		_6
60	6	7

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
106	BPC submitter ID (if		6584919	Please provide the BPC-generated ID for this
	available)			sample as it will appear on the Sample
				Submission Form transmitted to the BPC.
107	Sample represents	D V	6584730	Does this primary tumor specimen
	primary diagnosis?	☐ Yes ☐ No		represent the PRIMARY DIAGNOSIS for this
				Case ID3? Note: If no, continue to Question 108, otherwise, skip to Question 109.
108	Specify the ICD-10		3226287	Provide the ICD-10 code for the primary
	code			tumor used to generate the model
				submitted to HCMI.
109	Tumor tissue	☐ Cryopreserved	5432521	Provide the method used to preserve the
	sample	☐ FFPE		tumor tissue sample collected for molecular
	preservation	☐ Frozen		characterization.
	method	□ OCT		
110		☐ Snap frozen		
110	Anatomic site of	Right ovary	6033148	Select the anatomic site of the tumor tissue
	tumor from which Model was Derived	☐ Left ovary ☐ Right fallopian tube		sample used to generate the model for HCMI. Note: If the tissue or organ of origin is
	Model was belived	Left fallopian tube		not listed, proceed to Question 110a, otherwise,
		☐ Right tubo-ovarian		skip to Question 111.
		☐ Left tubo-ovarian		
		☐ Other (specify)		
110a	Other anatomic site	, ,	5946219	If not provided in the previous list, provide
	from which the			the anatomic site of the tumor tissue
	tumor was			sample used to generate the model for
	obtained			HCMI.
111	Method of cancer	☐ Total hysterectomy and bilateral salpingo-	3103514	Provide the procedure performed to obtain
	sample	oophorectomy		the primary tumor tissue.
	procurement	Radical hysterectomy		Note: If the method of procurement is not listed, proceed to Question 111a, otherwise, skip to
		☐ Simple hysterectomy		Question 112.
		☐ Supracervical hysterectomy		
		☐ Bilateral salpingo-oophorectomy ☐ Right salpingo-oophorectomy		
		☐ Left salpingo-oophorectomy		
		☐ Salpingo-oophorectomy, side not		
		specified		
		☐ Bilateral salpingectomy		
		☐ Right salpingectomy		
		☐ Left salpingectomy		
		☐ Salpingectomy, side not specified		
		☐ Omentectomy		
		☐ Peritoneal biopsies		
		Peritoneal tumor debulking		
		☐ Peritoneal washing ☐ Morcellated cystectomy		
		☐ Oophorectomy		
		☐ Ascites drainage		
		☐ Pleurocentesis (pleural fluid)		
		☐ Other (specify)		
111a	Specify the other		2006730	Specify the procedure performed to obtain
	method of tumor			the primary tumor tissue, if not included in
	sample			the previous list.
	procurement			
112	Number of days		3288495	Provide the number of days from the index
	from index date to			date to the date of the procedure that
	date of tumor			produced the tumor tissue submitted for
	sample			HCMI.
	procurement			

Enrollment: Ovarian

68		7
Toller.		I I
CKO S	38	1

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
113	Tumor tissue type	☐ Primary	3288124	Provide the primary tumor tissue type for
		☐ Additional Primary		this sample.
		□ NOS		
	ımor Model Informatio	on T		
114	Primary model		6594596	Please provide a number to identify which
	biospecimen ordinal			biospecimen this is in the sequence. Note: This number is expected to be "1".
115	CMDC model ID		6586036	Please provide the CMDC model ID for this
113	Civibe moder ib		0300030	sample as it will appear on tubes and the
				Sample Submission Form transmitted to the
				BPC.
116	BPC submitter ID (if		6584919	Please provide the BPC-generated ID for this
	available)			sample as it will appear on the Sample
				Submission Form transmitted to the BPC.
117	Model represents	Yes	6584730	Does this MODEL represent the PRIMARY
	primary diagnosis?	□ No		DIAGNOSIS for this Case ID3?
118	Model's primary		6586035	Enter the CMDC Sample ID of the PRIMARY
	tumor tissue CMDC sample ID			TUMOR TISSUE from which this model is derived.
119	Model's primary		6584265	Enter the biospecimen ordinal of the
119	tumor biospecimen		0384203	PRIMARY TUMOR TISSUE from which this
	ordinal			model is derived.
Treatment	Information			
120	History of	□ No	3382737	Indicate whether the patient received
	neoadjuvant	☐ Yes; radiation prior to resection		neoadjuvant radiation or pharmaceutical
	treatment	☐ Yes; pharmaceutical treatment prior to		treatment. Note: Radiation therapy is
		resection		addressed in Questions 130-131. Pharmaceutical
		☐ Yes; both radiation and pharmaceutical		therapy is addressed in Questions 121-129.
		treatment prior to resection		
121	Noodiment	☐ Unknown	5832928	Calact all passadiument shamatharany types
121	Neoadjuvant chemotherapy type	☐ Cytotoxic chemotherapy	3832928	Select all neoadjuvant chemotherapy types that were administered to the patient. <i>Note:</i>
	chemotherapy type	☐ Hormonal		Cytotoxic chemotherapy is addressed in
		☐ Immunotherapy (cellular and immune		Questions 122-123. Hormone therapy is
		checkpoint)		addressed in Questions 124-125. Immunotherapy
		☐ Targeted therapy (small molecule		is addressed in Questions 126-127. Targeted therapy is addressed in Questions 128-129.
		inhibitors and targeted antibodies)		therapy is duaressed in Questions 120-125.
		☐ Not applicable		
122	Neoadjuvant	☐ Albumin-bound paclitaxel	2853313	Select all chemotherapeutics used for
	chemotherapeutic	☐ Altretamine		neoadjuvant therapy. Note: If neoadjuvant
	regimen	☐ Capecitabine		chemotherapy was not administered, skip to
		☐ Carboplatin		Question 124. If the neoadjuvant chemotherapeutic regimen is not listed, proceed
		☐ Cisplatin		to Question 122a, otherwise, skip to Question
		☐ Cyclophosphamide		123.
		□ Docetaxel		
		☐ Etoposide		
		Gemcitabine		
		☐ Ifosfamide ☐ Irinotecan		
		☐ Liposomal doxorubicin		
		☐ Melphalan		
		☐ Paclitaxel		
		☐ Pemetrexed		
		☐ Topotecan		
		☐ Vinorelbine		
		Other (specify)		
		☐ Chemotherapy not given		

1/	1	^
v	ı	 u

HCI			500
Con	19.0	in P	1
1000			

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
122a	Other neoadjuvant			62694	If the neoadjuvant therapy is not included in
	chemotherapeutic				the provided list, specify neoadjuvant
	regimen				therapies administered.
123	Days to			5102411	Provide the number of days from index date
	neoadjuvant				to the date of treatment with neoadjuvant
	chemotherapy treatment from				chemotherapy.
	index date				
124	Hormone therapy			2582817	Select the hormone therapy administered to
	,	☐ Anastrozole☐ Exemestane	☐ Leuprolide		the patient. Note: If hormone therapy was not
		П Goserelin	☐ Tamoxifen		administered, skip to Question 126. If the
		☐ Letrozole	☐ Other (specify)		hormone therapy is not listed, proceed to
124a	Other hormone			2405358	Question 124a, otherwise, skip to Question 125. If the hormone therapy is not included in
124a	therapy			2403336	the provided list, specify hormone therapy.
	шегару				the provided list, specify normone therapy.
125	Days to hormone			5102411	Provide the number of days from the index
	therapy treatment				date to the date of treatment with hormone
	from index date				therapy.
126	Immunotherapy			6690669	Select the immunotherapy administered to
		☐ Pembrolizumab			the patient. Note: If immunotherapy was not
		☐ Other (specify)			administered, skip to Question 128. If the
					immunotherapy is not listed, proceed to Question 126a, otherwise, skip to Question 127.
126a	Other			2185614	If not provided in the previous list, specify
	immunotherapy				the name of the immunotherapy
	name				administered to the patient.
127	Days to			5102411	Provide the number of days from the index
	immunotherapy				date to the date of treatment with
	treatment from				immunotherapy.
	index date				
128	Targeted Therapy	☐ Bevacizumab		6690668	Select the targeted molecular therapy
		☐ Niraparib			administered to the patient. Note: If targeted therapy was not given, proceed to Question 130.
		☐ Olaparib ☐ Rucaparib			If the targeted therapy is not listed, proceed to
		☐ Other (specify)			Question 128a, otherwise, skip to Question 129.
128a	Specify targeted			4308476	Provide the name of the targeted therapy
	therapy				administered to the patient.
129	Days to targeted			5102411	Provide the number of days from the index
	therapy treatment				date to the date of treatment with targeted
	from index date				therapy.
130	Radiation therapy	☐ 2D conventional		3028890	Provide the type of radiation therapy that
	administered type	☐ 3D conformal			was administered to the patient. Note: If radiation therapy was not administered,
		☐ Brachytherapy HDR ☐ Brachytherapy LDR			proceed to Question 132. If the radiation
		☐ IMRT			therapy is not listed, proceed to Question 130a,
		☐ Proton Beam			otherwise, skip to Question 131.
		☐ Stereotactic Body RT			
		☐ Stereotactic Radiosu			
		☐ WBRT			
		☐ Other (specify)			
		☐ Unspecified			
422	Others P. C.	☐ Not applicable		2405 (==	If the medical conditions at
130a	Other radiation			2195477	If the radiation therapy type is not included in the provided list, specify the type.
	therapy				in the provided list, specify the type.
131	Days to radiation			5102411	Provide the number of days from the index
	treatment from				date to the date of treatment with radiation
	index date				therapy.
	•			•	



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
Metastatio	/Recurrent Tumor Bios	specimen Information		
132	Are you submitting a metastatic/ recurrent tumor tissue sample?	☐ Yes ☐ No		Indicate whether a metastatic/recurrent tumor biospecimen was collected for this ID3 case. Note: If yes, proceed to Question 133. If submitting an OTHER tissue sample, proceed to Question 205. For multiple metastatic/recurrent tissues collected for model generation, Questions 132-195 can be repeated, as needed.
133	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.
134	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.
135	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.
136	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.
137	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.
138	Method of metastatic/ recurrent cancer sample procurement	□ Total hysterectomy and bilateral salpingo- oophorectomy □ Radical hysterectomy □ Simple hysterectomy □ Supracervical hysterectomy □ Bilateral salpingo-oophorectomy □ Right salpingo-oophorectomy □ Left salpingo-oophorectomy □ Salpingo-oophorectomy, side not specified □ Bilateral salpingectomy □ Right salpingectomy □ Left salpingectomy □ Left salpingectomy □ Peritoneal biopsies □ Peritoneal biopsies □ Peritoneal washing □ Morcellated cystectomy □ Oophorectomy □ Ascites drainage □ Pleurocentesis (pleural fluid) □ 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 138a, otherwise, skip to Question 139.
138a	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.

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
139	Number of days	Data Lift y Options		3288495	Provide the number of days from the index
133	from index date to			3230433	date to the date of the procedure that
	date of metastatic/				produced the metastatic/recurrent tumor
	recurrent sample				tissue submitted for HCMI.
	procurement				
140	Metastatic/		☐ Left ovary	6587394	Select the site from which the
	recurrent site		☐ Right fallopian		metastatic/recurrent tissue used to develop
		Liver	tube		the model was derived.
		Lung	☐ Left fallopian		Note: If the metastatic/recurrent site is not
		☐ Peritoneum ☐ Omentum	tube		listed, proceed to Question 140a, otherwise, skip
		□ Pleura	☐ Right tubo-		to Question 141.
		☐ Lymph nodes	ovarian		
		☐ Right ovary	☐ Left tubo-ovarian		
		_ mgne ovary	☐ Ascites		
			☐ Other (specify)		
140a	Other metastatic/			6587395	If not included in the previous list, specify
	recurrent site				the site from which the
					metastatic/recurrent tissue used to develop
	au f			2225	the model was derived.
141	Site of relapse	Local		2002506	If the primary tumor relapsed, provide the
		☐ Regional ☐ Distant			site of relapse.
		☐ Not applicable			
142	ICD-10 code	- Not applicable		3226287	Provide the ICD-10 code for the
142	ICD-10 code			3220207	metastatic/recurrent tumor used to
					generate the model submitted to HCMI.
143	ICD-O-3 histology			3226275	Provide the ICD-O-3 histology code
143	code			3220273	describing the morphology of the
	3343				metastatic/recurrent tumor used to
					generate the model submitted to HCMI.
144	Maintenance			6119066	Provide the name(s) of the maintenance
	and/or				and/or consolidation therapy administered
	consolidation				to the patient prior to the collection of the
	therapy				metastatic/recurrent tissue used to develop
	administered prior				the model.
	to collection of				
	metastatic/				
	recurrent tissue				
145	Days to start of			5102411	Provide the number of days from the index
	maintenance				date to the date maintenance and/or
	and/or				consolidation therapy started.
	consolidation				
	therapy from index				
146	date Days to last known			5102431	Provide the number of days from the index
140	administration date			3102431	date to the last known date of maintenance
	of maintenance				and/or consolidation therapy.
	and/or				ana, or consolidation therapy.
	consolidation				
	therapy from index				
	date				
147	Is the patient still			6379568	Indicate whether the patient is still
	receiving				undergoing maintenance and/or
	treatment?				consolidation therapy.
148	Disease status	☐ No evidence of disea	ase	2188290	Provide the disease status following
		☐ Progressive disease			maintenance and/or consolidation therapy.
1	I	☐ Stable disease			

		1	_
١	,	1	n
٠,	,	- 1	 u

HCM		
6	7	7
10-10	3,4,76	
	3.5	NE S

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
149	Tumor size, largest dimension	cm	64215	Provide the largest dimension of the primary tumor in cm, regardless of anatomical plane.
150	Other tissue/organ involvement (select all that apply)	☐ Right ovary ☐ Left ovary ☐ Ovary (side not specified) ☐ Right fallopian tube ☐ Left fallopian tube ☐ Fallopain tube ☐ (side not specified) ☐ Uterus ☐ Cervix ☐ Pelvic ☐ peritoneum ☐ Abdominal ☐ peritoneum ☐ Omentum ☐ Not applicable ☐ Not identified ☐ Other (specify)	2793699	Select all sites of other tissue/organ involvement. This does not include the primary tumor site. Note: If the other tissue/organ is not listed, proceed to Question 150a, otherwise, skip to Question 151.
150a	Specify other tissue/organ involvement		6690678	If not included in the previous list, specify the other site of other tissue/organ involvement. This does not include the primary tumor site.
151	Peritoneal/Ascitic fluid	 □ Not submitted/unknown □ Negative for malignancy (normal/benign) □ Atypical and/or suspicious □ Malignant (positive for malignancy) □ Unsatisfactory/nondiagnostic 	6690681	Indicate the outcome of cytological analysis for peritoneal/ascitic fluid.
152	Number of positive lymph nodes		89	Provide the number of lymph nodes with disease involvement.
153	Number of lymph nodes examined		3	Provide the total number of lymph nodes tested for the presence of cancer cells.
154	Additional pathologic findings	 □ None identified □ Serous tubal intraepithelial carcinoma (STIC) □ Endometriosis □ Endosalpingiosis □ Other (specify) 	6690682	Indicate additional pathologic findings present in the patient. Note: If the additional pathologic finding is not listed, proceed to Question 154a, otherwise, skip to Question 155.
154a	Specify additional pathologic findings		6690683	If not included in the previous list, specify any additional pathologic findings.
155	CA-125 during follow-up/ at the time of recurrence		3008730	Provide the numeric value of CA-125 at the time of follow-up or initial disease recurrence.
-		nple: Clinical Molecular Analyses		
156	Was BRCA1 mutation analysis performed?	☐ Yes☐ No☐ Unknown	6690686	Indicate whether mutation analysis of BRCA1 was performed.
157	BRCA1 mutational analysis result	 □ No variant □ Benign variant □ Pathogenic variant (specify) □ Variant of uncertain significance (VUS) (specify) 	6690687	Indicate the type of BRCA1 variant identified as a result of mutational analysis. Note: If a pathogenic variant or variant of uncertain significance was identified, proceed to Question 157a, otherwise, skip to Question 158.
157a	Specify BRCA1 variant		6690688	Specify the pathogenic BRCA1 variant or BRCA1 variant of unknown significance identified as a result of mutational analysis.
158	Method used to identify BRCA1 mutation	 □ Next-generation targeted sequencing □ Whole exome sequencing □ Cancer hotspot panel (specify) □ Other (specify) 	6003729	Indicate the method used in BRCA1 mutation analysis. Note: If a cancer hotspot panel was used, proceed to Question 159. If the method is not listed, proceed to Question 160, otherwise, skip to Question 161.

Fnrollme

	HCMI
nt: Ovarian	
CMI Identifier (ID3):	

	Enrollment: Ovarian	A POLITICAL PROPERTY OF THE PARTY OF THE PAR	TI	20		
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	WO SE	3	44	M	
Completed By:	Completion Date (MM/DD/YYYY):	1	9	4	5	7

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
159	Specify the panel		6690689	Specify the cancer hotspot panel used in
	sequencing test			BRCA1 mutation analysis.
	used to identify the			
	BRCA1 mutation			
160	Other method used		6002204	If not included in the previous list, specify
	to identify BRCA1			the method used in BRCA1 mutation
	mutation			analysis.
161	Was BRCA2	☐ Yes	6690690	Indicate whether mutation analysis of
	mutation analysis	□ No		BRCA2 was performed.
	performed?	☐ Unknown		
162	BRCA2 mutational	☐ No variant	6690691	Indicate the type of BRCA2 variant identified
	analysis result	☐ Benign variant		as a result of mutational analysis. Note: If a
	,	☐ Pathogenic variant (specify)		pathogenic variant or variant of uncertain
		☐ Variant of uncertain significance (VUS)		significance was identified, proceed to Question
		(specify)		162a, otherwise, skip to Question 163.
162a	Specify BRCA2		6690693	Specify the pathogenic BRCA2 variant or
	variant			BRCA2 variant of unknown significance
				identified as a result of mutational analysis.
163	Method used to	☐ Next-generation targeted sequencing	6003729	Indicate the method used in BRCA2
	identify BRCA2	☐ Whole exome sequencing		mutation analysis. Note: If a cancer hotspot
	mutation	☐ Cancer hotspot panel (specify)		panel was used, proceed to Question 164. If the
		☐ Other (specify)		method is not listed, proceed to Question 165,
		Other (specify)		otherwise, skip to Question 166.
164	Specify the panel		6690736	Specify the cancer hotspot panel used in
	sequencing test			BRCA2 mutation analysis.
	used to identify the			
	BRCA2 mutation			
165	Other method used		6002204	If not included in the previous list, specify
	to identify BRCA2			the method used in BRCA2 mutation
	mutation			analysis.
166	Was MLH1 IHC	☐ Yes	6062411	Indicate whether MLH1 expression was
	performed?	□ No		assessed by immunohistochemistry (IHC).
		☐ Unknown		Note: If MLH1 IHC was performed, proceed to
		_		Question 167, otherwise, skip to Question 168.
167	MLH1 expression	☐ Positive	6063668	Indicate the status of MLH1 protein
	by IHC	☐ Negative		expression as determined by
		☐ Equivocal		immunohistochemistry (IHC).
168	MLH1 promoter	☐ Absent	6033150	Indicate the methylation status of the MLH1
	methylation status	☐ Present		promoter.
		☐ Not assessed		
		☐ Indeterminate		
169	Was MSH2 IHC	□ Yes	6062412	Indicate whether MSH2 expression was
	performed?	□ No		assessed by immunohistochemistry (IHC).
		☐ Unknown		Note: If MSH2 IHC was performed, proceed to
4-0			5055555	Question 170, otherwise, skip to Question 171.
170	MSH2 expression	□ Positive	6063669	Indicate the status of MSH2 protein
	by IHC	□ Negative		expression as determined by
		☐ Equivocal		immunohistochemistry (IHC).
171	Was PMS2 IHC	□ Yes	6062413	Indicate whether PMS2 expression was
	performed?	□ No		assessed by immunohistochemistry (IHC).
		☐ Unknown		Note: If PSM2 IHC was performed, proceed to
172	PMS2 expression by	☐ Positive	6063670	Question 172, otherwise, skip to Question 173. Indicate the status of PMS2 protein
1/2			0003070	·
	IHC	☐ Negative		expression as determined by
172	Mos MCHC HIC	☐ Equivocal	6063444	immunohistochemistry (IHC).
173	Was MSH6 IHC	☐ Yes	6062414	Indicate whether MSH6 expression was
	performed?	□ No		assessed by immunohistochemistry (IHC).
		☐ Unknown		Note: If MSH6 IHC was performed, proceed to Question 174, otherwise, skip to Question 175.
	<u> </u>			Question 174, otherwise, skip to Question 175.

19.50	1	:_		11
TO COMPANY	1 20	(- E	2	+1
XOX	39	-	T	TO SS
so b	3000	1		

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
174	MSH6 expression	☐ Positive	6063671	Indicate the status of MSH6 protein
	by IHC	☐ Negative		expression as determined by
		☐ Equivocal		immunohistochemistry (IHC).
175	Was p53 IHC	☐ Yes	6690705	Indicate whether p53 expression was
	performed?	□ No		assessed by immunohistochemistry (IHC).
		☐ Unknown		Note: If p53 IHC was performed, proceed to
				Question 176, otherwise, skip to Question 177.
176	p53 expression by	☐ Normal	6690719	Indicate the status of p53 protein expression
	IHC	☐ Abnormal strong diffuse overexpression		as determined by immunohistochemistry
		(>90%)		(IHC).
		☐ Abnormal null expression (complete loss		
		of expression)		
		☐ Cannot be determined		
177	Was ER IHC	_	6062416	Indicate whether estrogen receptor (ER)
	performed?	Yes		expression was assessed by
		□ No		immunohistochemistry (IHC). Note: If ER IHC
		☐ Unknown		was performed, proceed to Question 178,
4=0			6600=00	otherwise, skip to Question 179.
178	ER expression by	□ Positive	6690720	Indicate the status of estrogen receptor (ER)
	IHC	□ Negative		protein expression as determined by
_	_	☐ Equivocal		immunohistochemistry (IHC).
179	Was PR IHC	□ Vee	6062504	Indicate whether progesterone receptor
	performed?	Yes		(PR) expression was assessed by
		□ No		immunohistochemistry (IHC). Note: If PR IHC
		☐ Unknown		was performed, proceed to Question 180,
180	DD overession by	□ Positive	6063673	otherwise, skip to Question 181.
180	PR expression by IHC	□ Negative	0003073	Indicate the status of progesterone receptor (PR) protein expression as determined by
	IIIC	☐ Equivocal		immunohistochemistry (IHC).
181	Was PAX-8 IHC		6690706	Indicate whether PAX-8 expression was
101	performed?	☐ Yes	0090700	assessed by immunohistochemistry (IHC).
	periorified:	□ No		Note: If PAX-8 IHC was performed, proceed to
		☐ Unknown		Question 182, otherwise, skip to Question 183.
182	PAX-8 expression	☐ Positive	6690721	Indicate the status of PAX-8 protein
	by IHC	☐ Negative		expression as determined by
	,	☐ Equivocal		immunohistochemistry (IHC).
183	Was WT-1 IHC		6690712	Indicate whether WT-1 expression was
	performed?	│ □ Yes │ □ No		assessed by immunohistochemistry (IHC).
	'			Note: If WT-1 IHC was performed, proceed to
		☐ Unknown		Question 184, otherwise, skip to Question 185.
184	WT-1 expression by	☐ Positive	6690723	Indicate the status of WT-1 protein
	IHC	☐ Negative		expression as determined by
		☐ Equivocal		immunohistochemistry (IHC).
185	Was p16 IHC	□ Yes	6690713	Indicate whether p16 expression was
	performed?	□ No		assessed by immunohistochemistry (IHC).
		☐ Unknown		Note: If p16 IHC was performed, proceed to
		- Chillown		Question 186, otherwise, skip to Question 187
186	p16 expression by	☐ Positive	6690724	Indicate the status of p16 protein expression
	IHC	☐ Negative		as determined by immunohistochemistry
		☐ Equivocal		(IHC).
		'	00000	
187	Was HNF-1 IHC	□ Vee	6690714	Indicate whether HNF-1 expression was
	performed?	☐ Yes		assessed by immunohistochemistry (IHC).
		□ No		Note: If HNF-1 IHC was performed, proceed to
		☐ Unknown		Question 188, otherwise, skip to Question 189.
188	HNF-1 expression		6690731	Indicate the status of HNF-1 protein
100	by IHC	☐ Positive	0050751	expression as determined by
	by IIIC	☐ Negative		immunohistochemistry (IHC).
		☐ Equivocal		minumonistochemistry (mrc).
<u> </u>	1		<u> </u>	1

Color		
Contract of the second	3	

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
189	Was CDX-2 IHC	□ Yes	6690715	Indicate whether CDX-2 expression was
	performed?	□ No		assessed by immunohistochemistry (IHC).
		☐ Unknown		Note: If CDX-2 IHC was performed, proceed to Question 190, otherwise, skip to Question 191.
190	CDX-2 expression	☐ Positive	6690732	Indicate the status of CDX-2 protein
190	by IHC	☐ Negative	0030732	expression as determined by
	by IIIC	☐ Equivocal		immunohistochemistry (IHC).
191	Was CK-7 IHC	☐ Yes	6690716	Indicate whether CK-7 expression was
	performed?	□ No	00007.20	assessed by immunohistochemistry (IHC).
	,	☐ Unknown		Note: If CK-7 IHC was performed, proceed to
				Question 192, otherwise, skip to Question 193.
192	CK-7 expression by	☐ Positive	6690733	Indicate the status of CK-7 protein
	IHC	□ Negative		expression as determined by
		Equivocal		immunohistochemistry (IHC).
193	Was CK-20 IHC	☐ Yes	6690717	Indicate whether CK-20 expression was
	performed?	□ No		assessed by immunohistochemistry (IHC).
		☐ Unknown		Note: If CK-20 IHC was performed, proceed to Question 194, otherwise, skip to Question 195.
194	CK-20 expression		6690735	Indicate the status of CK-20 protein
154	by IHC	☐ Positive	0030733	expression as determined by
	by me	☐ Negative		immunohistochemistry (IHC).
		☐ Equivocal		minutationistochemistry (mre).
Metastatio	:/Recurrent Tumor Mo	del Information		
195	METASTATIC/		6594587	Please provide a number to identify
	RECURRENT model			which biospecimen this is in the sequence.
	biospecimen			Note: The first biospecimen should be number
	ordinal			"1," the second should be number "2," etc.
196	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.
197	BPC submitter ID (if		6584919	Please provide the BPC-generated ID
	available)			for this sample as it will appear on the
				Sample Submission Form transmitted
100			6506005	to the BPC.
198	Model's METASTATIC/		6586035	Enter the CMDC Sample ID of the METASTATIC/RECURRENT tissue from which
	RECURRENT tumor			this model is derived.
	tissue CMDC			tilis illodel is delived.
	sample ID			
	Sumple 15			
199	Model's		6584266	Enter the biospecimen ordinal
	METASTATIC/			of the METASTATIC/RECURRENT tissue from
	RECURRENT tumor			which this model is derived.
	tissue biospecimen			
	ordinal			
-	-	Biospecimen Tumor Model Information (if applie		
200	METASTATIC/		6594587	Please provide a number to identify
	RECURRENT model			which biospecimen this is in the sequence.
	biospecimen			Note: The first biospecimen should be number "1," the second should be number "2," etc.
201	ordinal CMDC model ID		6506036	
201	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.
202	BPC submitter ID (if		6584919	Please provide the BPC-generated ID for this
202	available)		000-010	sample as it will appear on the Sample
				Submission Form transmitted to the BPC.
		1	1	

HCIVII	3	
Contract of		1
	33	

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
203	Model's METASTATIC/ RECURRENT tumor tissue CMDC		6586035	Enter the CMDC Sample ID of the METASTATIC/RECURRENT tissue from which this model is derived.
	sample ID			
204	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 Bios	pecimen Information			
205	Are you submitting an 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. <i>Note: If yes, proceed to Question 206.</i>
206	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.
207	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.
208	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.
209	OTHER tissue sample preservation method	☐ Cryopreserved ☐ OCT ☐ Snap frozen	5432521	Provide the method used to preserve the OTHER tissue sample collected for molecular characterization.
210	Other method of cancer sample procurement	□ Total hysterectomy and bilateral salpingo- oophorectomy □ Radical hysterectomy □ Simple hysterectomy □ Supracervical hysterectomy □ Bilateral salpingo-oophorectomy □ Right salpingo-oophorectomy □ Left salpingo-oophorectomy □ Salpingo-oophorectomy, side not specified □ Bilateral salpingectomy □ Right salpingectomy □ Right salpingectomy □ Left salpingectomy □ Peritoneal biopsies □ Peritoneal biopsies □ Peritoneal tumor debulking □ Peritoneal washing □ Morcellated cystectomy □ Oophorectomy □ Ascites drainage □ Pleurocentesis (pleural fluid) □ Other (specify)	6587398	Provide the procedure performed to obtain the OTHER tissue. Note: If the method of procurement is not listed, proceed to Question 210a, otherwise, skip to Question 211.
210a	Specify method of OTHER tissue sample procurement		6587399	Specify the procedure performed to obtain the OTHER tissue.

HCMI	8_
Con	

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
211	Number of days		3288495	Provide the number of days from the index
	from index date to date of			date to the date of the procedure that produced the OTHER tissue submitted for
	OTHER sample			HCMI.
	procurement			
212	Tissue type	☐ Pre-malignant	64784	Indicate the OTHER tissue type.
		☐ Other (specify)		Note: If the OTHER tissue type is not listed, proceed to Question 212a, otherwise, skip to
				Question 213.
212a	Specify tissue type		64785	Specify the OTHER tissue type if not in the provided list.
213	Anatomic site of	Liver	6696813	Select the site from which the OTHER tissue
	OTHER tissue	☐ Lung		used to develop the model was derived.
		☐ Peritoneum		Note: If the OTHER tissue site is not listed,
		☐ Omentum		proceed to Question 213a, otherwise, skip to Question 214.
		☐ Pleura☐ Lymph nodes		4
		☐ Right ovary		
		☐ Left ovary		
		☐ Right fallopian tube		
		Left fallopian tube		
		☐ Right tubo-ovarian☐ Left tubo-ovarian		
		☐ Ascites		
		☐ Other (specify)		
213a	Specify anatomic		6584916	Specify the site of OTHER tissue, if not in the
21.4	site of OTHER tissue		2226207	previous list.
214	ICD-10 code		3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model
				submitted to HCMI.
215	ICD-O-3 histology		3226275	Provide the ICD-O-3 histology code
	code			describing the morphology of the OTHER
				tissue used to generate the model submitted to HCMI.
Additional	⊥ I OTHER biospecimen In	l formation (if applicable)		Submitted to Helvii.
216	Are you submitting	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Indicate whether an additional OTHER tissue
	an additional	_		sample (pre-malignant, non-malignant, or
	OTHER tissue	☐ Yes		dysplastic tissue, etc.) is being submitted for
	sample?	□ No		HCMI for this case. Note: If yes, proceed to Question 217. If no,
				proceed to Question 227.
217	OTHER tissue		6584267	Please provide a number to identify
	biospecimen			which biospecimen this is in the sequence.
	ordinal			Note: The first biospecimen should be number "1," the second should be number "2," etc.
218	CMDC sample ID		6586035	Please provide the CMDC sample ID
				for this specimen as it will appear on tubes
				and the Sample Submission Form
219	BPC submitter ID (if		6584919	transmitted to the BPC. Please provide the BPC-generated ID for this
219	available)		0384313	sample as it will appear on the Sample
	,			Submission Form transmitted to the BPC.
200	OTUED !!		F 400-501	
220	OTHER tissue sample	☐ Cryopreserved	5432521	Provide the method used to preserve the OTHER tissue sample collected for molecular
	preservation	│ □ FFPE │ □ Frozen		characterization.
	method			
		☐ Snap frozen		
	1	· ·	_1	1

1/	1	_
v	-1	u

HCMI	B	
66	80.	7

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
221	Other method of	☐ Total hysterectomy and bilateral salpingo-	6587398	Provide the procedure performed to obtain
	cancer sample	oophorectomy		the OTHER tissue. Note: If the method of
	procurement	☐ Radical hysterectomy		procurement is not listed, proceed to Question 221a, otherwise, skip to Question 222.
		☐ Simple hysterectomy		221u, otherwise, skip to Question 222.
		☐ Supracervical hysterectomy☐ Bilateral salpingo-oophorectomy		
		☐ Right salpingo-oophorectomy		
		☐ Left salpingo-oophorectomy		
		☐ Salpingo-oophorectomy, side not		
		specified		
		☐ Bilateral salpingectomy		
		☐ Right salpingectomy		
		☐ Left salpingectomy		
		☐ Salpingectomy, side not specified		
		☐ Omentectomy		
		☐ Peritoneal biopsies ☐ Peritoneal tumor debulking		
		☐ Peritoneal washing		
		☐ Morcellated cystectomy		
		☐ Oophorectomy		
		☐ Ascites drainage		
		☐ Pleurocentesis (pleural fluid)		
		☐ Other (specify)		
221a	Specify method of		6587399	Specify the procedure performed to obtain
	OTHER tissue			the OTHER tissue.
	sample			
	procurement			
222	Number of days		3288495	Provide the number of days from the index
	from index date to date of			date to the date of the procedure that produced the OTHER tissue submitted for
	OTHER sample			HCMI.
	procurement			TICIVII.
223	Tissue type		64784	Indicate the OTHER tissue type. Note: If the
		☐ Pre-malignant		OTHER tissue type is not listed, proceed to
		☐ Other (specify)		Question 223a, otherwise, skip to Question 224.
223a	Specify tissue type		64785	Specify the OTHER tissue type
2230	specify tissue type		01703	if not in the provided list.
				'
224	Anatomic site of	☐ Liver	6696813	Select the site from which the OTHER tissue
	OTHER tissue	☐ Lung		used to develop the model was derived.
		☐ Peritoneum		Note: If the OTHER tissue site is not listed,
		☐ Omentum		proceed to Question 224a, otherwise, skip to Question 225.
		☐ Pleura		Question 225.
		Lymph nodes		
		☐ Right ovary ☐ Left ovary		
		☐ Right fallopian tube		
		☐ Left fallopian tube		
		☐ Right tubo-ovarian		
		☐ Left tubo-ovarian		
		☐ Ascites		
		☐ Other (specify)		
224a	Specify anatomic		6584916	Specify the site of OTHER tissue, if not in the
	site of OTHER tissue			previous list.
225	ICD-10 code		3226287	Provide the ICD-10 code for the OTHER
	.55 10 0000		3223207	tissue used to generate the model
				submitted to HCMI.
			•	

Enrollment: Ovarian



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

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

226 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.	Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Submitted to HCMI. Submitted to HCMI.	226	ICD-O-3 histology		3226275	Provide the ICD-O-3 histology code
Submitted to HCMI. OTHER tissue model information		code			
OTHER tissue G594590 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.					tissue used to generate the model
OTHER tissue model biospecimen ordinal OTHER tissue model biospecimen OTHER tissue Model Information (if applicable) OTHER tissue model biospecimen ordinal OTHER tissue model biospecimen ordinal OTHER tissue model ID OTHER tissue form which this model ID OTHER tissue biospecimen ordinal OTHER tissue biospecimen ordinal OTHER tissue biospecimen ordina					submitted to HCMI.
model biospecimen ordinal which biospecimen this is in the sequence. Nate: The first biospecimen should be number "2", "the second should be number "3", "the second should be number "4", "the second should be n		•		1	
ordinal	227			6594590	
CMDC model ID CMDC model I		· ·			· · · · · · · · · · · · · · · · · · ·
CMDC model ID CMDC model ID Control CMDC model ID		ordinal			
BPC submitter ID (if available) Sample Submission Form transmitted to the BPC.	228	CMDC model ID		6586036	
the Sample Submission Form transmitted to the BPC. 229 BPC submitter ID (if available) 230 Model's OTHER tissue CMDC sample ID 231 Model's OTHER tissue biospecimen ordinal 232 OTHER tissue Model Information (if applicable) 233 OTHER tissue Model Information (if applicable) 234 OTHER tissue Model Information (if applicable) 235 OTHER tissue model Description ordinal 236 BPC submitter ID (if available) 237 BPC submitter ID (if available) 238 OTHER tissue model ID 239 OTHER tissue model ID 230 OTHER tissue model ID 231 OTHER tissue model ID 232 OTHER tissue model ID 233 OTHER tissue model ID 234 BPC submitter ID (if available) 235 Model's OTHER tissue model ID 236 Model's OTHER tissue complete the EMDC model ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC. 236 Model's OTHER tissue CMDC sample ID 237 Model's OTHER tissue CMDC sample ID 238 Model's OTHER tissue CMDC sample ID 239 Model's OTHER tissue CMDC sample ID 230 Model's OTHER tissue CMDC sample ID 231 Model's OTHER tissue CMDC sample ID 232 Model's OTHER tissue CMDC sample ID 233 CMDC Sample ID 234 Model's OTHER tissue CMDC sample ID of the OTHER tissue from which this model is derived.	220	CIVIDE MODELLE		0300030	·
BPC submitter ID (if available)					
available) Sample Submission Form transmitted to the BPC.					· ·
available) Sample Submission Form transmitted to the BPC.	229	BPC submitter ID (if		6584919	Please provide the BPC-generated ID
Second Should be number "2," etc. Second Should be number "1," the second should be number "1," the second should be number "2," etc. Second Should be number "1," the second should be number "2," etc. Second Should be number "3," etc. Second Should be number "2," etc. S		available)			for this sample as it will appear on the
230 Model's OTHER tissue CMDC					Sample Submission Form transmitted
tissue CMDC sample ID 231 Model's OTHER tissue biospecimen ordinal Additional Other Tissue Model Information (if applicable) 232 OTHER tissue model biospecimen ordinal CMDC model ID 233 CMDC model ID 234 BPC submitter ID (if available) 235 Model's OTHER tissue CMDC sample ID 236 Model's OTHER tissue CMDC sample ID 237 Model's OTHER tissue CMDC sample ID 238 Model's OTHER tissue CMDC sample ID 239 Model's OTHER tissue CMDC model ID 230 Model's OTHER tissue CMDC model ID 231 Model's OTHER CMDC model ID 232 BM Model's OTHER tissue CMDC Sample ID 233 Model's OTHER tissue CMDC Sample ID 234 Model's OTHER tissue CMDC Sample ID 235 Model's OTHER tissue CMDC Sample ID 236 Model's OTHER tissue CMDC Sample ID of the OTHER tissue from which this model is derived.					
Sample ID Sample Siderived.	230			6586035	·
Model's OTHER tissue biospecimen ordinal					tissue from which this model is derived.
tissue biospecimen ordinal tissue from which this model is derived. Additional Other Tissue Model Information (if applicable) 232 OTHER tissue model biospecimen ordinal model biospecimen ordinal formation (if applicable) 233 CMDC model ID for this sample as it will appear on tubes and the Sample Submission Form transmitted to the BPC. 234 BPC submitter ID (if available) for this sample as it will appear on the Sample Submission Form transmitted to the BPC. 235 Model's OTHER tissue CMDC sample ID 236 Model's OTHER tissue CMDC model is derived. 236 Model's OTHER tissue biospecimen		•			
Additional Other Tissue Model Information (if applicable) 232 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. 233 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. 234 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. 235 Model's OTHER tissue CMDC sample ID 236 Model's OTHER tissue biospecimen 6584267 Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.	231			6584267	
Additional Other Tissue Model Information (if applicable) 232 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. 233 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. 234 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. 235 Model's OTHER tissue CMDC 5 ample ID 6586035 Enter the CMDC Sample ID of the OTHER tissue from which this model is derived. 236 Model's OTHER tissue biospecimen 6584267 Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.					tissue from which this model is derived.
OTHER tissue model biospecimen ordinal CMDC model ID CMDC model	Additional		formation (if annlicable)		
model biospecimen ordinal CMDC model ID CMDC model ID BPC submitter ID (if available) Model's OTHER tissue CMDC sample ID Model's OTHER tissue GMDC sample ID Model's OTHER tissue biospecimen Model's OTHER tissue from which this model is derived.			јотнацин (ју аррнса <i>ше)</i>	659/1590	Please provide a number to identify which
ordinal CMDC model ID CMDC sample as it will appear on the CMDC sample as it will appear on the CMDC sample Submission Form transmitted To the BPC. CMDC Sample ID of the OTHER Tissue CMDC sample ID of the OTHER Tissue from which this model is derived. CMDC sample ID CMDC model ID	232			0334330	1
Second should be number "2," etc. 233 CMDC model ID CMDC sample as it will appear on the Sample Submission Form transmitted to the BPC. CMDC Sample ID of the OTHER tissue CMDC sample ID of the OTHER tissue from which this model is derived. CMDC sample ID CMDC sample ID CMDC sample ID of the OTHER tissue from which this model is derived.		· ·			
for this sample as it will appear on tubes and the Sample Submission Form transmitted to the BPC. BPC submitter ID (if available) BPC submission Form transmitted for this sample as it will appear on the Sample Submission Form transmitted to the BPC. BETT TO THER tissue CMDC Sample ID of the OTHER tissue from which this model is derived. BPC submission Form transmitted to the BPC. BETT TO THER tissue from which this model is derived. BPC submission Form transmitted to the BPC. BETT TO THER tissue from which this model is derived.					
the Sample Submission Form transmitted to the BPC. 234 BPC submitter ID (if available) BPC submitter ID (if available) BPC submitter ID (if available) BPC submission Form transmitted to for this sample as it will appear on the Sample Submission Form transmitted to the BPC. 235 Model's OTHER tissue CMDC sample ID 236 Model's OTHER tissue biospecimen BPC submission Form transmitted to the BPC. Enter the CMDC Sample ID of the OTHER tissue from which this model is derived. Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.	233	CMDC model ID		6586036	
BPC submitter ID (if available) BPC submitter ID (if for this sample as it will appear on the Sample Submission Form transmitted to the BPC. BETT STATES OF THE STATES OF ST					
BPC submitter ID (if available) BPC submitter ID (if for this sample as it will appear on the Sample Submission Form transmitted to the BPC. BENEFIT OF THE STATE OF SAMPLE ID OF THE SAMPLE ID OF THE STATE OF SAMPLE ID OF THE SAMPLE ID OF THE STATE OF SAMPLE ID OF THE STATE OF SAMPLE ID OF THE STATE OF SAMPLE ID OF THE					· ·
available) available) for this sample as it will appear on the Sample Submission Form transmitted to the BPC. British Completed To the CMDC Sample ID of the OTHER tissue CMDC sample ID Model's OTHER tissue From which this model is derived. Model's OTHER tissue biospecimen 6584267 Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.					
Sample Submission Form transmitted to the BPC. 235 Model's OTHER tissue CMDC sample ID 236 Model's OTHER tissue biospecimen 237 Model's OTHER tissue biospecimen 238 Enter the CMDC Sample ID of the OTHER tissue from which this model is derived. 239 Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.	234	· ·		6584919	
to the BPC. 235 Model's OTHER tissue CMDC sample ID 236 Model's OTHER tissue biospecimen 237 Model's OTHER tissue biospecimen 238 to the BPC. 6586035 Enter the CMDC Sample ID of the OTHER tissue from which this model is derived. 6584267 Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.		available)			
235 Model's OTHER tissue CMDC sample ID 236 Model's OTHER tissue biospecimen 237 Model's OTHER tissue biospecimen 238 Model's OTHER tissue biospecimen 239 Model's OTHER tissue biospecimen 230 Model's OTHER tissue biospecimen 230 Model's OTHER tissue from which this model is derived.					
tissue CMDC sample ID tissue from which this model is derived. 236 Model's OTHER tissue biospecimen fixed biospecimen from which this model is derived. 6584267 Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.	225	Model's OTHER		6506035	
sample ID 236 Model's OTHER tissue biospecimen 584267 Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.	233			0580035	•
236 Model's OTHER tissue biospecimen					ussue from which this model is delived.
tissue biospecimen tissue from which this model is derived.	236			6584267	Enter the biospecimen ordinal of the OTHER
	250			0304207	
					and the second s