Enrollment: Rhabdomyosarcoma

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 Information				
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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
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.
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	☐ 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	☐ Lung ☐ Bone ☐ Bone marrow ☐ Lymph node(s) ☐ Lymph node(s) - distant ☐ 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.
Biospecimen Information				
17	Tissue sample type(s) collected for HCMI for this case	☐ Normal tissue ☐ Primary tumor ☐ Metastatic ☐ Recurrent ☐ Other tissue	2006911	Please select all the tissue sample types submitted for HCMI with this case.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
18	Number of NORMAL tissues biospecimens collected for HCMI for this case	_____	6584256	Please provide the number of normal tissue specimens obtained for HCMI for this case. *Note: This number is expected to be 1.*
19	Number of PRIMARY cancer tissue biospecimens collected for HCMI model development for this case	_____	6584257	Please provide the number of primary tumor specimens obtained for HCMI for this case. *Note: A single primary tumor biospecimen obtained that is portioned for both sequencing and model generation counts as 1 single primary tumor specimen. This number is expected to be 1.*
20	Number of METASTATIC/RECURRENT cancer tissue biospecimens collected for HCMI model development for this case	_____	6584258	Please provide the number of metastatic and/or recurrent cancer biospecimens collected for HCMI for this case. *Note: A biospecimen obtained from a single site at a single timepoint in progression that is portioned for both sequencing and model generation counts as 1 single tumor specimen. A biospecimen obtained from another site or at a later timepoint in progression that is portioned for both sequencing and model generation counts as a second single tumor specimen.*
21	Number of OTHER tissue biospecimens collected for HCMI model development for this case	_____	6584259	Please provide the number of pre-malignant, non-malignant, or dysplastic tissue biospecimens collected for HCMI for this case. *Note: A biospecimen obtained from a single site at a single timepoint in progression that is portioned for both sequencing and model generation counts as 1 single tumor specimen. A biospecimen obtained from another site or at a later timepoint in progression that is portioned for both sequencing and model generation counts as a second single tumor specimen.*
22	Total number of tissue biospecimens collected for HCMI for this case	_____	6584271	Please provide the total number of tissue biospecimens collected for HCMI for this case. *Note: This number should be the sum of the normal, primary tumor, metastatic/recurrent tumor, and other biospecimen counts above.*
Normal Control Information				
23	Normal tissue biospecimen ordinal	_____	6584264	Please provide a number to identify which biospecimen this is in the sequence. *Note: The first biospecimen should be number "1," the second should be number "2," etc.*

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
24	CMDC sample ID	_____	6586035	Please provide the CMDC sample ID for this biospecimen as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
25	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
26	Type of normal control	☐ Whole blood ☐ Buccal cells ☐ Buffy coat ☐ Lymphocytes ☐ Extracted DNA from blood ☐ Extracted DNA from saliva ☐ Extracted DNA from buccal cells ☐ Extracted DNA from normal tissue ☐ FFPE non-neoplastic tissue ☐ Non-neoplastic tissue	3081936	Indicate the type of normal control submitted for this case.
27	Anatomic site of normal tissue	☐ Skin ☐ Fibroadipose tissue ☐ 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 27a, otherwise, skip to Question 28.*
27a	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.
28	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'.*
29	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 Tumor Biospecimen Information				
30	ICD-10 code for primary tumor	☐ C49.0 ☐ C49.1 ☐ C49.2 ☐ C49.3 ☐ C49.4 ☐ C49.5 ☐ C49.6 ☐ C49.8 ☐ C49.9 ☐ 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 30a, otherwise, skip to Question 31.*
30a	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
31	Tumor Morphology	☐ 8900/3 (Rhabdomyosarcoma, NOS) ☐ 8901/3 (Pleomorphic rhabdomyosarcoma, NOS) ☐ 8902/3 (Mixed type rhabdomyosarcoma) ☐ 8910/3 (Embryonal rhabdomyosarcoma, NOS) ☐ 8912/3 (Spindle cell rhabdomyosarcoma) ☐ 8920/3 (Alveolar rhabdomyosarcoma) ☐ 8921/3 (Rhabdomyosarcoma with ganglionic differentiation) ☐ 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 31a, otherwise, skip to Question 32.*
31a	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.
32	Tissue or organ of origin	☐ Abdominal cavity ☐ Bladder ☐ Head and neck ☐ Limb ☐ Prostate ☐ Retroperitoneum ☐ Testes ☐ 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 32a, otherwise skip to Question 33.*
32a	Other tissue or organ of origin	☐ Abdomen ☐ Accessory sinus ☐ Adrenal gland ☐ Anus ☐ Appendix ☐ Bladder ☐ Bone ☐ Breast ☐ Connective, subcutaneous and other soft tissues ☐ Esophagus ☐ Eye ☐ Gallbladder ☐ Gum ☐ Head, face or neck ☐ Heart ☐ Kidney ☐ Larynx ☐ Lip ☐ Liver ☐ Lung ☐ Lymph node ☐ Male genital organs ☐ Mediastinum ☐ Meninges ☐ Mouth ☐ Nasal cavity ☐ Nasopharynx ☐ Nervous system ☐ Oropharynx ☐ Other ill-defined sites ☐ Ovary ☐ Palate ☐ Pancreas ☐ Penis ☐ Peripheral nerves and autonomic nervous system of trunk ☐ Peritoneum ☐ Pharynx ☐ Pituitary gland ☐ Prostate gland ☐ Rectosigmoid junction ☐ Renal pelvis ☐ Retroperitoneum ☐ Skin ☐ Small intestine ☐ Spinal cord ☐ Spleen ☐ Stomach ☐ Testis ☐ Thymus ☐ Thyroid gland ☐ Tongue ☐ Tonsil ☐ Trachea ☐ Unknown primary ☐ Urinary system ☐ Uterus ☐ Vagina ☐ Vulva	3427536	If the primary site of the disease is not included on the previous list, provide the primary site of the disease.

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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
33	Histological Type	☐ Rhabdomyosarcoma ☐ 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 33a, otherwise, skip to Question 34.*
33a	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.
34	Histological subtype	☐ Alveolar ☐ Embryonal ☐ Other ☐ Unknown	5153032	Using the patient's pathology/laboratory report, select the histological subtype of the primary tumor.
35	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.
36	Prior malignancy (other cancer type)	☐ Yes ☐ No ☐ Unknown	5878828	Indicate whether the patient has a history of prior malignancy of a different cancer type.
37	Tumor stage	☐ 1: Favorable site ☐ 2: Unfavorable site; <= 5cm; no regional node involvement ☐ 3: Unfavorable site; > 5 cm; and/or regional node involvement ☐ 4: Metastatic disease	5162089	Provide the stage of the tumor using the IRS (Intergroup Rhabdomyosarcoma Study) staging guidelines.
38	Intergroup Rhabdomyo-sarcoma Study group	☐ I: Tumor completely removed ☐ IIa: Microscopic residual; margin positive; nodes negative ☐ IIb: Microscopic residual; margin negative; nodes positive (completely resected) ☐ IIc: Microscopic residual; margin positive; nodes positive (completely resected) ☐ III: Gross residual ☐ IV: Metastasis ☐ Unknown	4925522	Indicate the post-surgical procedure neoplasm status by IRS group.
39	Children's Oncology Group risk group	☐ High ☐ Low ☐ Intermediate ☐ Unknown	2963688	Indicate the soft-tissue sarcoma histologic grade.
40	Was tumor confined to organ of origin?	☐ Yes ☐ No ☐ Unknown ☐ Not applicable	4925494	Indicate whether the tumor was confined to the organ of origin. If T1 (confined to anatomic site of origin), please select "Yes." If T2 (extension and/or fixative to surrounding tissue), please select "No."
41	Anaplasia	☐ Absent ☐ Focal ☐ Diffuse ☐ Unknown	4925534	Indicate whether anaplasia was present in the primary tumor.
42	Maximum diameter (cm) of primary tumor if identifiable at initial diagnosis	_____	62602	Provide the length of the largest diameter of the primary tumor, in centimeters.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
43	FOXO1 fusion result	☐ FOXO1 rearranged (FOXO1 with unknown partner) ☐ PAX3 – FOXO1 translocation ☐ PAX7 – FOXO1 translocation ☐ Other FOXO1 translocation (FOXO1 with known partner) ☐ No FOXO1 rearrangement ☐ Indeterminate	5159111	If the histologic subtype of the primary tumor is alveolar, select the FOXO1 gene fusion, if identified.
Primary Tumor Sample Information				
44	Are you submitting a primary tumor tissue sample for this case?	☐ Yes ☐ No		*If yes, proceed to question 45. If submitting a metastatic/recurrent tumor sample, proceed to Question 71.*
45	Primary tumor biospecimen ordinal	_____	6584265	Please provide a number to identify which biospecimen this is in the sequence. *Note: This number should be "1".*
46	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.
47	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.
48	Sample represents primary diagnosis?	☐ Yes ☐ No	6584730	Does this primary tumor specimen represent the PRIMARY DIAGNOSIS for this Case ID3? *Note: If no, continue to Question 49, otherwise, skip to Question 50.*
49	Specify the ICD-10 code	_____	3226287	Provide the ICD-10 code for the primary tumor used to generate the model submitted to HCMI.
50	Tumor tissue sample preservation method	☐ Cryopreserved ☐ FFPE ☐ Frozen ☐ OCT ☐ Snap frozen	5432521	Provide the method used to preserve the tumor tissue sample collected for molecular characterization.
51	Anatomic Site of tumor from which Model was Derived	☐ Abdominal cavity ☐ Lymph node ☐ Ascites ☐ Orbit ☐ Biliary tract/liver ☐ Parameningeal ☐ Bladder ☐ Pleura ☐ Bone ☐ Prostate ☐ Bone marrow ☐ Retroperitoneum ☐ Head and neck (non-PM) ☐ Testis ☐ Other (specify) ☐ Limb ☐ Lung	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 51a. Otherwise, skip to Question 52.*
51a	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
52	Method of cancer sample procurement	☐ Core needle biopsy ☐ Incisional biopsy ☐ Excisional biopsy ☐ Tumor resection ☐ Fine needle aspiration ☐ 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 52a, otherwise, skip to Question 53.***
52a	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.
53	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.
54	Tumor tissue type	☐ Primary ☐ NOS ☐ Additional Primary	3288124	Provide the primary tumor tissue type for this sample.
Primary Tumor Model Information				
55	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".***
56	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.
57	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.
58	Model represents primary diagnosis?	☐ Yes ☐ No	6584730	Does this MODEL represent the PRIMARY DIAGNOSIS for this Case ID3?
59	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.
60	Model's primary tumor biospecimen ordinal	_____	6584265	Enter the biospecimen ordinal of the PRIMARY TUMOR TISSUE from which this model is derived.
Treatment Information				
61	History of neoadjuvant treatment	☐ No ☐ Yes; radiation prior to resection ☐ Yes; pharmaceutical treatment prior to resection ☐ Yes; both radiation and pharmaceutical treatment prior to resection ☐ Unknown	3382737	Indicate whether the patient received neoadjuvant radiation or pharmaceutical treatment. ***Note: Pharmaceutical therapy is addressed in Questions 63-68. Radiation therapy is addressed in Questions 69-70.***
62	Neoadjuvant chemotherapy type	☐ Cytotoxic chemotherapy ☐ Hormonal ☐ Immunotherapy (cellular and immune checkpoint) ☐ Targeted therapy (small molecule inhibitors and targeted antibodies) ☐ Not applicable	5832928	Select all neoadjuvant chemotherapy types that were administered to the patient. ***Note: Cytotoxic chemotherapy is addressed in Questions 63-64. Immunotherapy is addressed in Questions 65-66. Targeted therapy is addressed in Questions 67-68.***

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Question	Question Text	Data Entry Options		CDE ID	Instruction Text
63	Neoadjuvant chemotherapeutic regimen	☐ Doxorubicin ☐ Ifosfamide and Etoposide ☐ Irinotecan ☐ Temozolomide ☐ Vincristine ☐ Vinorelbine ☐ Vincristine, actinomycin-D, cyclophosphamide (VAC) ☐ Vincristine, doxorubicin, cyclophosphamide, ifosfamide, etoposide (VDC/IE)	☐ Vincristine, actinomycin-D, cyclophosphamide, vincristine, irinotecan (VAC/VI) ☐ Ifosfamide, carboplatin, etoposide (ICE) ☐ Vincristine, irinotecan, temozolomide (VIT) ☐ High-dose methotrexate, doxorubicin, cisplatin (MAP) ☐ Other (specify) ☐ Chemotherapy not given	2853313	Select all chemotherapeutics used for neoadjuvant therapy. *Note: If neoadjuvant chemotherapy was not given, skip to Question 65. If the neoadjuvant chemotherapeutic regimen is not listed, proceed to Question 63a, otherwise, skip to Question 64.*
63a	Other neoadjuvant chemotherapeutic regimen	_____		62694	If the neoadjuvant therapy is not included in the provided list, specify neoadjuvant therapies administered.
64	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.
65	Immunotherapy name, specify	_____		2185614	Specify the name of the immunotherapy administered. *Note: If immunotherapy was not given, skip to Question 67.*
66	Days to immunotherapy treatment from index date	_____		5102411	Provide the number of days from the index date to the date of treatment with immunotherapy.
67	Targeted Therapy	☐ Temsirolimus ☐ Other (specify)		6005154	Select the targeted therapy administered to the patient. *Note: If targeted therapy was not given, skip to Question 69. If the targeted therapy is not listed, proceed to Question 67a, otherwise, skip to Question 68.*
67a	Specify targeted therapy	_____		4308476	Provide the name of the targeted therapy administered to the patient.
68	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.
69	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam	☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified ☐ Not applicable	3028890	Provide the type of radiation therapy that was administered to the patient. *Note: If radiation therapy was not administered, proceed to Question 71. If the radiation therapy is not listed, proceed to Question 69a, otherwise, skip to Question 70.*
69a	Other radiation therapy	_____		2195477	If the radiation therapy type is not included in the provided list, specify the type.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
70	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				
71	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 72. If submitting an OTHER tissue sample, proceed to Question 129.***
72	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.***
73	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.
74	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.
75	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.
76	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.
77	Method of metastatic/ recurrent cancer sample procurement	☐ Core needle biopsy ☐ Excisional biopsy ☐ Fine needle aspiration ☐ Incisional biopsy ☐ Tumor resection ☐ 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 77a, otherwise, skip to Question 78.***
77a	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.
78	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.
79	Metastatic/recurrent site	☐ Abdominal cavity ☐ Pleura ☐ Ascites ☐ Prostate ☐ Biliary tract/liver ☐ Retroperitoneum ☐ Bladder ☐ Testis ☐ Bone ☐ Lung ☐ Head and neck ☐ Bone (non-PM) ☐ Bone marrow	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 79a, otherwise, skip to Question 80.***

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		☐ Limb ☐ Lymph node ☐ Orbit ☐ Parameningeal	☐ Lymph node(s) ☐ Lymph node(s) - distant ☐ Other (specify)		
79a	Other metastatic/ recurrent site	☐ Abdomen ☐ Accessory sinus ☐ Adrenal gland ☐ Anus ☐ Appendix ☐ Bladder ☐ Bone ☐ Breast ☐ Connective, subcutaneous and other soft tissues ☐ Esophagus ☐ Eye ☐ Gallbladder ☐ Gum ☐ Head, face or neck ☐ Heart ☐ Kidney ☐ Larynx ☐ Lip ☐ Liver ☐ Lung ☐ Lymph node ☐ Male genital organs ☐ Mediastinum ☐ Meninges ☐ Mouth ☐ Nasal cavity ☐ Nasopharynx ☐ Nervous system ☐ Oropharynx	☐ Other ill-defined sites ☐ Ovary ☐ Palate ☐ Pancreas ☐ Penis ☐ Peripheral nerves and autonomic nervous system of trunk ☐ Peritoneum ☐ Pharynx ☐ Pituitary gland ☐ Prostate gland ☐ Rectosigmoid junction ☐ Renal pelvis ☐ Retroperitoneum ☐ Skin ☐ Small intestine ☐ Spinal cord ☐ Spleen ☐ Stomach ☐ Testis ☐ Thymus ☐ Thyroid gland ☐ Tongue ☐ Tonsil ☐ Trachea ☐ Unknown primary ☐ Urinary system ☐ Uterus ☐ Vagina ☐ Vulva	6587395	If not included in the previous list, specify the site from which the metastatic/recurrent tissue used to develop the model was derived.
80	Site of relapse	☐ Local ☐ Regional ☐ Distant ☐ Not applicable		2002506	If the primary tumor relapsed, provide the site of relapse.
81	ICD-10 code	_____		3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
82	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.
83	Maintenance and/or consolidation therapy administered prior to collection of metastatic/ recurrent tissue	_____		6119066	Provide the name(s) of the maintenance and/or consolidation therapy administered to the patient prior to the collection of the metastatic/recurrent tissue used to develop the model.

Enrollment: Rhabdomyosarcoma

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
84	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.
85	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.
86	Is the patient still receiving treatment?	_____	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.
87	Disease status	☐ No evidence of disease ☐ Progressive disease ☐ Stable disease ☐ Unknown	2188290	Provide the disease status following maintenance and/or consolidation therapy.
88	Tumor stage	☐ 1: Favorable site ☐ 2: Unfavorable site; <= 5cm; no regional node involvement ☐ 3: Unfavorable site; > 5 cm; and/or regional node involvement ☐ 4: Metastatic disease	5162089	Provide the stage of the tumor using the IRS (Intergroup Rhabdomyosarcoma Study) staging guidelines.
89	Intergroup Rhabdomyo-sarcoma Study group	☐ I: Tumor completely removed ☐ IIa: Microscopic residual; margin positive; nodes negative ☐ IIb: Microscopic residual; margin negative; nodes positive (completely resected) ☐ IIc: Microscopic residual; margin positive; nodes positive (completely resected) ☐ III: Gross residual ☐ IV: Metastasis ☐ Unknown	4925522	Indicate the post-surgical procedure neoplasm status by IRS group.
90	Children's Oncology Group risk group	☐ High ☐ Low ☐ Intermediate ☐ Unknown	2963688	Indicate the soft-tissue sarcoma histologic grade.
91	Was tumor confined to organ of origin?	☐ Yes ☐ No ☐ Unknown ☐ Not applicable	4925494	Indicate whether the tumor was confined to the organ of origin. If T1 (confined to anatomic site of origin), please select "Yes." If T2 (extension and/or fixative to surrounding tissue), please select "No."
92	Anaplasia	☐ Absent ☐ Focal ☐ Diffuse ☐ Unknown	4925534	Indicate whether anaplasia was present in the primary tumor.
93	Maximum diameter (cm) of primary tumor if identifiable at initial diagnosis	_____	62602	Provide the length of the largest diameter of the primary tumor, in centimeters.
94	FOXO1 fusion result	☐ FOXO1 rearranged (FOXO1 with unknown partner) ☐ PAX3 – FOXO1 translocation ☐ PAX7 – FOXO1 translocation ☐ Other FOXO1 translocation (FOXO1 with known partner) ☐ No FOXO1 rearrangement ☐ Indeterminate	5159111	If the histologic subtype of the primary tumor is alveolar, select the FOXO1 gene fusion, if identified.

Enrollment: Rhabdomyosarcoma

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

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

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Additional Metastatic/Recurrent Tumor Biospecimen Information (if applicable)				
95	Are you submitting an additional metastatic/ recurrent tumor tissue sample?	☐ Yes ☐ No		A biospecimen obtained from a single site at a single timepoint in progression that is portioned for both sequencing and model generation counts as 1 single tumor specimen. A biospecimen obtained from another site or at a later timepoint in progression that is portioned for both sequencing and model generation counts as a second single tumor specimen. ***Note: If yes, proceed to Question 96, otherwise, skip to Question 119.***
96	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.
97	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.
98	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.
99	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.
100	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.
101	Method of metastatic/ recurrent cancer sample procurement	☐ Core needle biopsy ☐ Excisional biopsy ☐ Fine needle aspiration ☐ Incisional biopsy ☐ Tumor resection ☐ 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 101a, otherwise, skip to Question 102.***
101a	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.
102	Number of days from index date to date of metastatic/ recurrent sample procurement	_____	3288495	Provide the number of days from the index date to the date of the procedure that produced the metastatic/recurrent tumor tissue submitted for HCMI.

Enrollment: Rhabdomyosarcoma

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
103	Metastatic/ recurrent site	☐ Abdominal cavity ☐ Ascites ☐ Biliary tract/liver ☐ Bladder ☐ Bone ☐ Head and neck (non-PM) ☐ Limb ☐ Orbit ☐ Parameningeal	☐ Pleura ☐ Prostate ☐ Retroperitoneum ☐ Testis ☐ Lung ☐ Bone ☐ Bone marrow ☐ Lymph node(s) ☐ Lymph node(s) - distant ☐ 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 103a, otherwise, skip to Question 104.***
103a	Other metastatic/ recurrent site	☐ Abdomen ☐ Accessory sinus ☐ Adrenal gland ☐ Anus ☐ Appendix ☐ Bladder ☐ Bone ☐ Breast ☐ Connective, subcutaneous and other soft tissues ☐ Esophagus ☐ Eye ☐ Gallbladder ☐ Gum ☐ Head, face or neck ☐ Heart ☐ Kidney ☐ Larynx ☐ Lip ☐ Liver ☐ Lung ☐ Lymph node ☐ Male genital organs ☐ Mediastinum ☐ Meninges ☐ Mouth ☐ Nasal cavity ☐ Nasopharynx ☐ Nervous system ☐ Oropharynx	☐ Other ill-defined sites ☐ Ovary ☐ Palate ☐ Pancreas ☐ Penis ☐ Peripheral nerves and autonomic nervous system of trunk ☐ Peritoneum ☐ Pharynx ☐ Pituitary gland ☐ Prostate gland ☐ Rectosigmoid junction ☐ Renal pelvis ☐ Retroperitoneum ☐ Skin ☐ Small intestine ☐ Spinal cord ☐ Spleen ☐ Stomach ☐ Testis ☐ Thymus ☐ Thyroid gland ☐ Tongue ☐ Tonsil ☐ Trachea ☐ Unknown primary ☐ Urinary system ☐ Uterus ☐ Vagina ☐ Vulva	6587395	If not included in the previous list, specify the site from which the metastatic/recurrent tissue used to develop the model was derived.
104	Site of relapse	☐ Local ☐ Regional ☐ Distant ☐ Not applicable		2002506	If the primary tumor relapsed, provide the site of relapse.
105	ICD-10 code	_____		3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
106	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.

Enrollment: Rhabdomyosarcoma

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
107	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.
108	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.
109	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.
110	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.
111	Disease status	☐ No evidence of disease ☐ Progressive disease ☐ Stable disease ☐ Unknown	2188290	Provide the disease status following maintenance and/or consolidation therapy.
112	Tumor stage	☐ 1: Favorable site ☐ 2: Unfavorable site; <= 5cm; no regional node involvement ☐ 3: Unfavorable site; > 5 cm; and/or regional node involvement ☐ 4: Metastatic disease	5162089	Provide the stage of the tumor using the IRS (Intergroup Rhabdomyosarcoma Study) staging guidelines.
113	Intergroup Rhabdomyo-sarcoma Study group	☐ I: Tumor completely removed ☐ IIa: Microscopic residual; margin positive; nodes negative ☐ IIb: Microscopic residual; margin negative; nodes positive (completely resected) ☐ IIc: Microscopic residual; margin positive; nodes positive (completely resected) ☐ III: Gross residual ☐ IV: Metastasis Unknown	4925522	Indicate the post-surgical procedure neoplasm status by IRS group.
114	Children's Oncology Group risk group	☐ High ☐ Intermediate ☐ Low ☐ Unknown	2963688	Indicate the soft-tissue sarcoma histologic grade.
115	Was tumor confined to organ of origin?	☐ Yes ☐ No ☐ Unknown ☐ Not applicable	4925494	Indicate whether the tumor was confined to the organ of origin. If T1 (confined to anatomic site of origin), please select "Yes." If T2 (extension and/or fixative to surrounding tissue), please select "No."
116	Anaplasia	☐ Absent ☐ Focal ☐ Diffuse ☐ Unknown	4925534	Indicate whether anaplasia was present in the primary tumor.
117	Maximum diameter (cm) of primary tumor if identifiable at initial diagnosis	_____	62602	Provide the length of the largest diameter of the primary tumor, in centimeters.

Enrollment: Rhabdomyosarcoma

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
118	FOXO1 fusion result	☐ FOXO1 rearranged (FOXO1 with unknown partner) ☐ PAX3 – FOXO1 translocation ☐ PAX7 – FOXO1 translocation ☐ Other FOXO1 translocation (FOXO1 with known partner) ☐ No FOXO1 rearrangement ☐ Indeterminate	5159111	If the histologic subtype of the primary tumor is alveolar, select the FOXO1 gene fusion, if identified.
Metastatic/Recurrent Tumor Model Information				
119	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.*
120	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.
121	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.
122	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.
123	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)				
124	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.*
125	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.
126	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.
127	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.
128	Model's METASTATIC/ RECURRENT tumor tissue biospecimen ordinal	_____	6584266	Enter the biospecimen ordinal of the METASTATIC/RECURRENT tissue from which this model is derived.

Enrollment: Rhabdomyosarcoma

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
Other Biospecimen Information				
129	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. *Note: If yes, proceed to Question 130.*
130	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.*
131	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.
132	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.
133	OTHER tissue sample preservation method	☐ Cryopreserved ☐ OCT ☐ FFPE ☐ Frozen ☐ Snap frozen	5432521	Provide the method used to preserve the OTHER tissue sample collected for molecular characterization.
134	Other method of cancer sample procurement	☐ Core needle biopsy ☐ Incisional biopsy ☐ Excisional biopsy ☐ Tumor resection ☐ Fine needle aspiration ☐ Other (specify)	6587398	Provide the procedure performed to obtain the OTHER tissue. *Note: If the method of procurement is not listed, proceed to Question 134a, otherwise, skip to Question 135*
134a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
135	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.
136	Tissue type	☐ Non-malignant ☐ Other (specify)	64784	Indicate the OTHER tissue type. *Note: If the OTHER tissue type is not listed, proceed to Question 136a, otherwise, skip to Question 137.*
136a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
137	Anatomic site of OTHER tissue	☐ Abdominal cavity ☐ Lymph node ☐ Ascites ☐ Orbit ☐ Biliary tract/liver ☐ Parameningeal ☐ Bladder ☐ Pleura ☐ Bone ☐ Prostate ☐ Bone marrow ☐ Retroperitoneum ☐ Head and neck (non-PM) ☐ Testis ☐ Limb ☐ Other (specify) ☐ Lung	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 137a, otherwise, skip to Question 138.*

Enrollment: Rhabdomyosarcoma

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
137a	Specify anatomic site of OTHER tissue	☐ Abdomen ☐ Accessory sinus ☐ Adrenal gland ☐ Anus ☐ Appendix ☐ Bladder ☐ Bone ☐ Breast ☐ Connective, subcutaneous and other soft tissues ☐ Esophagus ☐ Eye ☐ Gallbladder ☐ Gum ☐ Head, face or neck ☐ Heart ☐ Kidney ☐ Larynx ☐ Lip ☐ Liver ☐ Lung ☐ Lymph node ☐ Male genital organs ☐ Mediastinum ☐ Meninges ☐ Mouth ☐ Nasal cavity ☐ Nasopharynx ☐ Nervous system ☐ Oropharynx	☐ Other ill-defined sites ☐ Ovary ☐ Palate ☐ Pancreas ☐ Penis ☐ Peripheral nerves and autonomic nervous system of trunk ☐ Peritoneum ☐ Pharynx ☐ Pituitary gland ☐ Prostate gland ☐ Rectosigmoid junction ☐ Renal pelvis ☐ Retroperitoneum ☐ Skin ☐ Small intestine ☐ Spinal cord ☐ Spleen ☐ Stomach ☐ Testis ☐ Thymus ☐ Thyroid gland ☐ Tongue ☐ Tonsil ☐ Trachea ☐ Unknown primary ☐ Urinary system ☐ Uterus ☐ Vagina ☐ Vulva	6584916	Specify the site of OTHER tissue, if not in the previous list.
138	ICD-10 code	_____		3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
139	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)					
140	Are you submitting an additional OTHER tissue sample?	☐ Yes ☐ 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 141. If no, proceed to Question 151.***
141	OTHER tissue biospecimen ordinal	_____		6584267	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.

Enrollment: Rhabdomyosarcoma

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
142	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.
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	OTHER tissue sample preservation method	☐ Cryopreserved ☐ FFPE ☐ Frozen ☐ OCT ☐ Snap frozen	5432521	Provide the method used to preserve the OTHER tissue sample collected for molecular characterization.
145	Other method of cancer sample procurement	☐ Core needle biopsy ☐ Excisional biopsy ☐ Fine needle aspiration ☐ Incisional biopsy ☐ Tumor resection ☐ Other (specify)	6587398	Provide the procedure performed to obtain the OTHER tissue. *Note: If the method of procurement is not listed, proceed to Question 145a, otherwise, skip to Question 146.*
145a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
146	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.
147	Tissue type	☐ Non-malignant ☐ Other (specify)	64784	Indicate the OTHER tissue type. *Note: If the OTHER tissue type is not listed, proceed to Question 147a, otherwise, skip to Question 148.*
147a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
148	Anatomic site of OTHER tissue	☐ Abdominal cavity ☐ Lymph node ☐ Ascites ☐ Orbit ☐ Biliary tract/liver ☐ Parameningeal ☐ Bladder ☐ Pleura ☐ Bone ☐ Prostate ☐ Bone marrow ☐ Retroperitoneum ☐ Head and neck (non-PM) ☐ Testis ☐ Other (specify) ☐ Limb ☐ Lung	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 148a, otherwise, skip to Question 149.*

148a	Specify anatomic site of OTHER tissue	☐ Abdomen ☐ Other ill-defined sites
		☐ Accessory sinus ☐ Ovary
		☐ Adrenal gland ☐ Palate
		☐ Anus ☐ Pancreas
		☐ Appendix ☐ Penis
		☐ Bladder ☐ Peripheral nerves and autonomic nervous system of trunk
		☐ Bone
		☐ Breast
		☐ Connective, subcutaneous and other soft tissues ☐ Peritoneum
		  ☐ Pharynx
		  ☐ Pituitary gland
		  ☐ Prostate gland
			6584916	Specify the site of OTHER tissue, if not in the previous list.

Enrollment: Rhabdomyosarcoma

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

		☐ Esophagus ☐ Eye ☐ Gallbladder ☐ Gum ☐ Head, face or neck ☐ Heart ☐ Kidney ☐ Larynx ☐ Lip ☐ Liver ☐ Lung ☐ Lymph node ☐ Male genital organs ☐ Mediastinum ☐ Meninges ☐ Mouth ☐ Nasal cavity ☐ Nasopharynx ☐ Nervous system ☐ Oropharynx	☐ Rectosigmoid junction ☐ Renal pelvis ☐ Retroperitoneum ☐ Skin ☐ Small intestine ☐ Spinal cord ☐ Spleen ☐ Stomach ☐ Testis ☐ Thymus ☐ Thyroid gland ☐ Tongue ☐ Tonsil ☐ Trachea ☐ Unknown primary ☐ Urinary system ☐ Uterus ☐ Vagina ☐ Vulva		
149	ICD-10 code	_____		3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
150	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.
Other Tissue Model Information					
151	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.***
152	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.
153	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.
154	Model's OTHER tissue CMDC sample ID	_____		6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
155	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)					
156	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.***

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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
157	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.
158	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.
159	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
160	Model's OTHER tissue biospecimen ordinal	_____	6584267	Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.