

Sample Collection Checklist

Date enrolled in registry _____ - _____ - _____
mm-dd-yy

ERLM/ERLD/ERLY

1. Procedures performed during the hospitalization, from the time the patient was enrolled in the registry (check all that apply):

		Date (mm-dd-yy)	Samples Obtained	Reason Sample Not Obtained
<input type="checkbox"/>	Biopsy BX	<input type="checkbox"/> open BX1	<input type="checkbox"/> unstained slides, # _____ BX1S	BX1N, BX1NS
		<input type="checkbox"/> percutaneous BX1M-BX1D -BX1Y Biopdate1	<input type="checkbox"/> skin from incision (open bx only) BX1SK	BX1KN, BX1KS
		<input type="checkbox"/> open BX2	<input type="checkbox"/> unstained slides, # _____ BX2S	BX2N, BX2NS
		<input type="checkbox"/> percutaneous BX2M-BX2D -BX2Y Biopdate2	<input type="checkbox"/> skin from incision (open bx only) BX2SK	BX2KN, BX2KS

<input type="checkbox"/>	Liver Transplant SMPRC	_____-_____-_____ LIVTM-LIVTD-LIVTY livtdate	<input type="checkbox"/> unstained slides, # _____ UNSL	UNSNO, UNSON
			<input type="checkbox"/> paraffin blocks (1X1X1 cm each) PFBL	PFNO, PFNOS
			<input type="checkbox"/> left lobe PFLT	
			<input type="checkbox"/> right lobe PFRT	
			<input type="checkbox"/> hilum PFHI	
			<input type="checkbox"/> frozen blocks (1X1X1 cm each) FZBL	FZNO, FZDOS
			<input type="checkbox"/> left lobe FZLT	
			<input type="checkbox"/> right lobe FZRT	
			<input type="checkbox"/> hilum FZHI	
			<input type="checkbox"/> bile aspirate	
			<input type="checkbox"/> Guthrie card GUTH	GUTHNO, GUTHNS
			<input type="checkbox"/> frozen aliquots, # _____ BILEA	BLANO, BLANS
<input type="checkbox"/> skin from incision SKTD	SKNO, SKNOS			

<input type="checkbox"/>	Autopsy SMPRC	_____-_____-_____ ATPM-ATPD-ATPY autpdate	<input type="checkbox"/> unstained slides, # _____	
			<input type="checkbox"/> paraffin blocks (1X1X1 cm each)	
			<input type="checkbox"/> left lobe	
			<input type="checkbox"/> right lobe	
			<input type="checkbox"/> hilum	
			<input type="checkbox"/> frozen blocks (1X1X1 cm each)	SAME AS ABOVE
			<input type="checkbox"/> left lobe	
			<input type="checkbox"/> right lobe	
			<input type="checkbox"/> unstained slides, # _____	
			<input type="checkbox"/> bile aspirate	
			<input type="checkbox"/> Guthrie card	
			<input type="checkbox"/> frozen aliquots, # _____	
<input type="checkbox"/> tendon (or skin)				

2. Genetic sample obtained? **GENS** Yes No If no, reason _____ **GENSR, GENSS**