

<p style="text-align: center;"><b>WOMEN'S INTERAGENCY HIV STUDY</b> <b>SECTION 19: AIDS AND CANCER SPECIMEN RESOURCE (ACSR)</b> <b>AND PATHOLOGY REVIEW PROTOCOLS</b></p>
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**I. ACSR PROTOCOL FOR GENITAL BIOPSY COLLECTION**

**A. OBJECTIVE**

To collect specimens for ACSR donation from 10 to 20 women at each site who have clinically indicated colposcopies.

**B. PARTICIPANT ELIGIBILITY AND ENROLLMENT**

All WIHS participants (HIV-infected and HIV-uninfected) who have indication for a colposcopy according to WIHS protocol are eligible to participate. A lesion need not be found during colposcopy for a participant to be eligible for enrollment. A target number of 10 to 20 women per visit are recommended for enrollment at each WIHS site.

All participants who meet the eligibility criteria will be asked to sign an ACSR consent form prior to the colposcopy, phlebotomy and oral rinse collection.

**C. BIOPSY PROCEDURES**

**1. BIOPSY THE LESION**

If the biopsy is bigger than 0.4 cm, split the lesion in half. One half should be put in formalin as per WIHS colposcopy protocol and the other half should be snap frozen. If the biopsy is smaller than 0.4 cm, put in formalin as per WIHS colposcopy protocol and attempt to take a second biopsy from the same lesion or another lesion.

**2. BIOPSY A NON-LESIONAL SITE**

This is the control specimen and should be taken whether or not there is sufficient lesional biopsy material for the ACSR. When possible, the non-lesional biopsy should be obtained from the side of the cervix contralateral to the lesion, in a similar region as the lesion. However, if upon colposcopic examination it is discovered that there is no lesion, the control specimen should still be collected for donation. The specimen can be collected from any location on the cervix in this case.

**D. TISSUE HANDLING PROCEDURES**

1. If you plan to perform more than one biopsy in one day you should write the WIHSID number and indicate "lesion" or "control" on the disposable tissue block. You can write with a black Sharpie™ or a wax pencil.
2. After collecting your biopsy do the following:
  - a. Place the biopsy on a piece of gauze.
  - b. Transfer the biopsy from the gauze with your forceps.
  - c. Place the biopsy into the depression of the tissue mounting block epithelium or connective tissue side down. In other words, place the tissue sample flat onto the block.
  - d. Pour OCT over the tissue until you fill the depression of the block.
  - e. Pick up the block containing the embedded tissue with your long forceps.

3. Place the block into the thermos and hold it until the OCT block stops sizzling. If you plan to clean up first or perform another biopsy just leave the blocks in the thermos until you are ready to transfer the blocks into the Nunc vials. To eliminate confusion, it is advisable not to store more than one participant's biopsies in the thermos.
4. Label the Nunc vials with the WIHSID labels (must be able to stick after being in liquid nitrogen) or you can write with a pencil on the white writing space of the Nunc vial and indicate whether it is lesion or non-lesion (control tissue) on the vial.
5. Pop the tiny block of OCT embedded tissue from the disposable tissue block and place it into the Nunc vial.
6. Prepare the *ACSR Specimen Submission/Pathology Data Form* (see **Appendix A** to this section) corresponding to the appropriate WIHSID. In the #3 "Note" field, indicate the WIHS visit date just prior to the date the specimen was obtained, except when the specimen was obtained on the same date as the WIHS visit.
7. FedEx on dry ice pellets (available through Pathology Departments) to the appropriate ACSR Site (see **Section G**).

#### **E. BLOOD COLLECTION PROTOCOL**

**Important:** *Blood should only be collected if there was ACSR biopsy material collected, separated and frozen.*

For women with ACSR biopsy material, one 10 ml yellow-top tube should be filled with blood and labeled with the WIHSID number and date. The yellow-top tube must be received by the ACSR bank within 24 hours of being drawn so that cells can be separated.

Alternatively, the blood may be separated locally before shipment, using the following procedures:

1. Separate the PBMCs and freeze with DMSO at a concentration of 10 million cells per ml and aliquot 1 ml per Nunc vial.
2. Freeze 1 ml aliquots of the plasma in Starstedt vials.
3. All vials must be labeled with the WIHSID and specimen type. Leave room in the white writing space for the ACSR accession number to be added later by the Bank.

#### **F. ORAL RINSE COLLECTION PROTOCOL**

**Important:** *An oral rinse specimen should only be collected if there was ACSR biopsy material collected, separated and frozen.*

Each participant will be asked to vigorously swish 10 ml of Scope mouthwash or saline in her mouth for 15 seconds, gargle for 15 seconds, and then expectorate into a specimen collection cup labeled with the WIHSID number and date. Collection of the oral rinse sample will take approximately 2 to 4 minutes per participant. Samples should be placed on ice or at 4°C immediately after collection and stored at -20°C until shipment to the ACSR.

*Oral Rinse Collection Procedures:*

1. Materials needed: Scope mouthwash or saline stock bottle; specimen collection cup; gloves; pen; medicine cup; 50 mL conical centrifuge tube.
2. Put gloves on.
3. Label specimen collection cup with WIHSID number and date.

4. Pour 10 mL of Scope mouthwash or saline into a medicine cup, making sure not to touch the rim of the cup.
5. Hand participant the cup with the mouthwash or saline and the specimen collection cup (with top removed).
6. Time participant while she swishes the mouthwash or saline for 15 seconds in her mouth.
7. Tell the participant when it is time to gargle the mouthwash or saline. If she cannot gargle for 15 seconds, instead have her gargle for 5 seconds, swish the mouthwash or saline in her mouth for 5 seconds, and then gargle again for another 5 seconds.
8. Have the participant spit the mouthwash or saline into the specimen collection cup when done gargling.
9. Take the specimen collection cup from the participant, and, being careful not to touch the rim, screw the top on tightly, and place on ice.
10. Label a 50 mL conical centrifuge tube with the WIHSID, date and "OR."
11. Transfer the oral rinse sample from the specimen collection cup to the 50 mL conical tube.
12. Store the 50 mL conical centrifuge tube at -20°C until ready to ship.
13. Collected oral rinse samples should be shipped to the local ACSR as described in **Section G**.

#### **G. SPECIMEN SHIPMENT INFORMATION**

A completed *ACSR Specimen Submission/Pathology Data Form* should accompany each specimen submitted to the Bank. **Biopsy, oral rinse and blood specimens** from the San Francisco and Chicago sites should be sent to the UCSF AIDS and Cancer Specimen Resource (ACSR). The UCSF West Coast ACSR address is the following:

Ronald Honrada  
West Coast AIDS and Cancer Specimen Resource  
1001 Potrero Avenue  
Bldg 100, Room #333E  
San Francisco, CA 94110  
Email: [rhonrada@acsr.ucsf.edu](mailto:rhonrada@acsr.ucsf.edu)  
Tel: 415-206-5434

In case of problems, call Ron Honrada at 415-206-5434, Alanna Morris at 415-206-5434, or Melissa Ancheta at (415) 206-3858.

**All specimens** from the Bronx, Brooklyn, Washington, D.C., UNC WIHS, Atlanta WIHS, Miami WIHS, and UAB-MS WIHS sites should be sent to the George Washington University AIDS and Cancer Specimen Resource. The GWACSR address is the following:

Sylvia Silver, D.A.  
Professor of Pathology  
George Washington University  
2300 I Street, NW  
Washington, DC 20037  
Phone: (202) 994-2945  
Email: [ssilver@email.gwu.edu](mailto:ssilver@email.gwu.edu)

Prior to shipping specimens to GWUMC, please call the GWACSR at (202) 994-2945 to inform them of the pending shipment and tracking number.

## **H. ACSR DATA MANAGEMENT**

1. The ACSR will maintain a link between the WIHSID and the ACSR accessioning numbers
2. On a semi-annual basis, the ACSR will send an electronic list of WIHSIDs for which they have recently received biopsy specimens and the visit number indicated in the #3 “Note” field on the ACSR Specimen Submission/Pathology Data Form. WDMAC will provide the predetermined set of clinical information that is available in the WIHS database to the ACSR. This effort will replace sites having to complete the NCI HIV-Related Malignancies Patient Clinical Data Form. The data will be sent to the ACSR in an electronic data file formatted as an ASCII file. A codebook will accompany the data set so that the delineation of the data is clear to the ACSR. The data that will be sent to ACSR includes, and is limited to, the following data:

WIHS ID, participant date of birth, date of biopsy read, date of last participant contact, baseline HCV+ status, baseline HTLV 1 & 2 status, baseline CDC risk group, baseline HBV+ status, HIV status, viral load (including limit of test), race, biopsy result (diagnosis), biopsy site, CD4+ count, CD4+ date, CD8+ count, CD8+ date, antiretroviral therapy use since last visit, radiation therapy use since last visit, chemotherapy use since last visit, BV status, pregnancy status, death status, date of death if applicable, and HPV status at WIHS Visits 1 & 2.

## **I. SUPPLIES AND MATERIALS**

The additional ACSR supplies and materials (as noted below) should be available at the clinic before the procedure.

1. CLERICAL SUPPLIES NEEDED
  - ACSR consent form
  - *ACSR Ascertainment Tracking Checklist* (ACSR ATC)
  - *ACSR Specimen Submission/Pathology Data Form*
  - *Quality Control Sheet for Review of Gynecologic Material* (QCGY)
  - Specimen labels (that will stick on frozen tubes) with WIHSID number
  - Specimen labels (that will stick on frozen tubes) with “lesion specimen” or “control specimen”
  - Nalgene™ Cryoware Markers or Sharpie™ Ultrafine Markers
2. MEDICAL SUPPLIES NEEDED
  - 10 ml yellow-top tube (need to specify type or CAT# – Fisher 0268426)
  - Forceps – tissue

- Long forceps
- Gauze
- OCT tissue mounting media (VWR cat# 25608930)
- Disposable Tissue Embedding Mold – Baxter Scientific part #M7307-1 (7mmx7mm) (Fisher Cat # 15182501A – size 7mmx7mmx5mm)
- Liquid nitrogen
- Liquid nitrogen thermos
- Nunc vials (Fisher Cat # 12565167N)
- Dry ice and containers for specimen transport to lab

## **II. ACSR PROTOCOL FOR RETRIEVAL OF SELF-REPORTED BIOPSIES FOR DONATION AND REVIEW**

### **A. OBJECTIVES**

To collect tissue specimens from various malignancies and other tissue derived from a biopsy or other surgical procedures, which were performed as part of routine patient care and which may occur in WIHS participants. Female-specific tissue specimens are given priority, although all tumor specimens are to be collected where possible.

To review and confirm the diagnoses made from tissue obtained at a WIHS colposcopy by a variety of pathologists in the local community.

Central pathology review of the tissue will be performed in a time frame dependent upon the current academic projects ongoing within the WIHS. The purpose of central review will be to verify cancer diagnoses, optimize the diagnoses and search for unusual histopathology.

### **B. PARTICIPANT ELIGIBILITY AND ENROLLMENT**

All WIHS participants (HIV-infected and HIV-uninfected) who have a clinical indication for a biopsy of a suspected tumor or malignancy are eligible to participate, if the biopsy or procedure was performed. In addition, all patients with history of a tumor or malignancy that is currently under study by the Cancer/Pathology Working Group of the WIHS will be targeted for enrollment in this ACSR protocol. Female-specific tissues collected as part of the WIHS visit are not collected for this part of the protocol. A target number of four to five women per visit number is recommended for enrollment at each WIHS site.

All participants who meet the eligibility criteria will be asked to sign an ACSR consent form and release form, permitting access to the biopsy material from the institution where the biopsy was performed.

### **C. VERIFICATION OF SELF REPORT AND PATHOLOGIC DIAGNOSIS**

1. The interviewer will ascertain that the participant has undergone a biopsy at any time since the last study visit and ask the participant for permission to collect a portion of the material for submission to the ACSR. If the participant refuses to donate her tissue, the interviewer will write “REFUSED DONATION” on the *ACSR ATC* form. When this happens, the interviewer will ask the participant for permission for a WIHS pathologist to review her diagnostic slides and then return them. If the participant agrees, the interviewer will obtain consent for review and write “REFUSED DONATION BUT REVIEW PERMITTED” on the *ACSR ATC* form. If the participant refuses permission for both, the interviewer will write “REFUSED DONATION AND REVIEW” on the *ACSR ATC* form, and no further action will be taken.
2. The interviewer will collect information indicating the details (from what site the biopsy was taken, the date of the biopsy and the institution/clinic where the biopsy or procedure occurred) on

the *ACSR ATC* form and obtain consent for review of the participant's medical records and consent for donation of the tissue to the ACSR.

3. The *ACSR ATC* form will be given to the WIHS abstractor. The original form should be filed with the rest of the visit forms and a copy given to the WIHS abstractor. The WIHS abstractor reviews the *ACSR ATC* form and gives priority to female-specific tissue specimens (i.e., breast, vulva, vagina, cervix, uterus, ovaries and anus) for abstraction, especially those tissues obtained at colposcopies performed by non-WIHS clinicians. To facilitate the collection of tissues from non-WIHS colposcopies, a prompt has been added to form *L14* for clinicians to complete the *ACSR ATC* whenever a participant receives a non-WIHS colposcopy.

In the future, if the WIHS EC, after consultation with the Cancer/Pathology Working Group wants to expand beyond female-specific tissue and include more tissue sites, they need only inform the WIHS abstractor to obtain these reports also.

4. The abstractor will obtain a copy of the pathology report or transcribe the report onto the old MRA form *CA4*, currently used as a "worksheet" at some sites.
5. Pathology reports obtained from medical record abstraction will be reviewed by a designated pathologist (protocol specific).
6. The designated pathologist will determine which tissues should be obtained for review, and will inform the appropriate individual at each site. With consent, the pathologist (or his/her designee) will review all specimens obtained at a non-WIHS colposcopy and document his/her findings on the *Quality Control Sheet for Review of Gynecologic Material* (QCGY).
7. Central pathology review will be performed on all cancer diagnoses confirmed by medical record abstraction or Cancer Registry match. If the participant agrees to donation and review:
  - a. Request the tissue block from the institution holding the specimen, to be processed as described in **Section II.D**, below.
  - b. Additionally, request the tissue block and at a minimum, the diagnostic slide(s) upon which the original diagnosis was made.
  - c. Prior to shipping specimens to GWU, call (202) 994-2945 to inform them of the pending shipment and tracking number. Ship to:

Sylvia Silver, D.A.  
Professor of Pathology  
George Washington University  
2300 I Street, NW  
Washington, DC 20037  
Phone: (202) 994-2945  
Email: [ssilver@email.gwu.edu](mailto:ssilver@email.gwu.edu)

- d. The designated pathologists (depending on the type of tissue and their areas of expertise) will review the slides and fill out the *Quality Control Sheet for Central Review of Surgical Specimens* (QCSS), outlining the results of the central review.
  - e. Data entry of the *QCSS Form* will be accomplished at the WIHS site.

If the participant agrees only to a review of the cancer diagnosis, follow the procedures outlined in **Section II.C**, item 7, steps b–c, above.

#### **D. PROCESS FOR THE FORMALIN FIXED PARAFIN EMBEDDED TISSUE SPECIMENS**

1. If the institution wants the block returned, 4-6, sections 10:M each in thickness, will be made by the ACSR pathologist after the block has been received. The block will then be returned to the institution from which it came.
2. If the institution does not want the block returned, it will be repositied whole at the ACSR.
3. Prepare the *ACSR Specimen Submission/Pathology Data Form* corresponding to the appropriate WIHSID. In the #3 "Note" field, indicate the WIHS visit date just prior to the date the specimen was obtained, except when the specimen was obtained on the same date as the WIHS visit.

#### **E. SPECIMEN SHIPMENT INFORMATION**

The *ACSR Specimen Submission/Pathology Data Form* should accompany each tissue specimen submitted to the George Washington University ACSR address is the following:

Sylvia Silver, D.A.  
Professor of Pathology  
George Washington University  
2300 I Street, NW  
Washington, DC 20037  
Phone: (202) 994-2945  
Email: [ssilver@email.gwu.edu](mailto:ssilver@email.gwu.edu)

Prior to shipping specimens to GW ACSR, please call them at (202) 994-2945 to inform them of the pending shipment and tracking number.

#### **F. ACSR DATA MANAGEMENT**

1. The GWU ACSR will maintain a link between the WIHSID and the ACSR accessioning numbers.
2. ACSR staff will e-mail the Project Director of the site to notify him/her of the placement of the specimen in the Bank.
3. On a semi-annual basis, the ACSR will send an electronic list of WIHSIDs for which they have recently received biopsy specimens and the visit number indicated in the #3 "Note" field on the *ACSR Specimen Submission/Pathology Data Form*. WDMAC will provide the predetermined set of clinical information that is available in the WIHS database to the ACSR. This effort will replace sites having to complete the NCI HIV-Related Malignancies Patient Clinical Data Form. The data will be sent to the ACSR in an electronic data file formatted as an ASCII file. A codebook will accompany the data set so that the delineation of the data is clear to the ACSR. The data that will be sent to ACSR includes, and is limited to, the following data:

WIHS ID, participant date of birth, date of biopsy read, date of last participant contact, baseline HCV+ status, baseline HTLV 1 & 2 status, baseline CDC risk group, baseline HBV+ status, HIV status, viral load (including limit of test), race, biopsy result (diagnosis), biopsy site, CD4+ count, CD4+ date, CD8+ count, CD8+ date, anti-retroviral therapy use since last visit, radiation therapy use since last visit, chemotherapy use since last visit, BV status, pregnancy status, death status, date of death if applicable, and HPV status at WIHS Visits 1 & 2.

## **G. SUPPLIES AND MATERIALS**

The additional ACSR supplies and materials (as noted below) will be required:

### **1. CLERICAL SUPPLIES**

- ACSR consent form
- *ACSR Ascertainment Tracking Checklist* (ACSR ATC)
- *ACSR Specimen Submission/Pathology Data Form*
- *Quality Control Sheet for Review of Gynecologic Material* (QCGY)
- *Quality Control Sheet for Central Review of Surgical Specimens* (QCSS) (needed by the designated pathologists only)
- Specimen labels (that will stick to slides) with WIHSID number
- Specimen labels (that will stick to slides) with “lesions specimen” or “control specimen”
- Small slide shipping box
- Shipping label

## **III. REVIEW OF BIOPSIES OBTAINED AT WIHS COLPOSCOPY**

### **A. OBJECTIVE**

Review and confirmation of diagnoses made of specimens obtained at WIHS colposcopies will ensure consistency and quality assurance.

### **B. PARTICIPANT ELIGIBILITY**

Participants who have had colposcopy performed by a WIHS clinician and who have given consent for review. The local WIHS pathologist will determine which cases will be reviewed.

### **C. VERIFICATION OF PATHOLOGIC DIAGNOSIS**

1. Designated staff will send the participant’s consent with a request to the institution where the biopsy was taken, asking for all of the slides made from the biopsy, or at a minimum, the diagnostic slide(s) upon which the original diagnosis was made.
2. The designated pathologist will review the slides and record his/her findings on the *Quality Control Sheet for Review of Gynecologic Material* (QCGY).
3. Slides will be returned to the institution from which they were borrowed.

## **D. SUPPLIES AND MATERIALS**

The additional supplies and materials (as noted below) will be required:

### **1. CLERICAL SUPPLIES**

- Consent form
- *Quality Control Sheet for Review of Gynecologic Material* (QCGY)



**APPENDIX A: AIDS AND CANCER SPECIMEN RESOURCE  
SPECIMEN SUBMISSION/PATHOLOGY DATA FORM**

# AIDS and Cancer Specimen Resource (WIHS)

## SPECIMEN SUBMISSION/PATHOLOGY DATA FORM

<b>ACSR NUMBER</b> (Computer generated) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Collection Date/Specimen Batch Date</b> (MM/DD/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<b>Acquisition Date</b> (MM/DD/YYYY): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<b>Date Available for Disbursement</b> (MM/DD/YYYY): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
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<b>Patient ID #</b> (Required)	<b>Date of Birth</b>	<b>Genetic Sequencing</b> (Circle One) YES NO	<b>Time of Collection:</b> ____ : ____ AM PM	<b>HIV Status</b> (Circle One) POS NEG UNKNOWN
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<b>Clinician:</b>	<b>Hospital:</b>	<b>Telephone #:</b>
<b>Pathologist:</b>	<b>Hospital:</b>	<b>Telephone #:</b>
<b>Person Completing Form:</b>	<b>Hospital:</b>	<b>Telephone #:</b>

Local Bank Accession Number (required)	Character of Specimen	Specimen Type	Site Type	Site Type Detail	Proc. Type	Specimen Diagnosis*	Specimen Diagnosis Detail	Tumor Type	Metastatic from Site Type (if applicable)	Total Vol. (cc)	Specimen Size	Cell Count (10 <sup>6</sup> cells)	No. of Samples	Unit Type	Specimen Location (including freezer/ cabinet, shelf, rack, box, slot)	Validation Slide No., Slide Location	Image Available? (If yes, provide image reference)	Comments
	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>		<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>		<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>		<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>		<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>		<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>		<input type="checkbox"/>							

\*Cytological or histological diagnosis of this particular specimen, if known.

# AIDS and Cancer Specimen Resource

## SPECIMEN SUBMISSION/PATHOLOGY DATA FORM

ACSR NUMBER (computer generated)

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### THERAPY

Has patient had the following therapy within the last 30 days?

**Antiretroviral**

1 = Yes, 2 = No, 3 = Unknown

Description: \_\_\_\_\_

**Antiviral**

1 = Yes, 2 = No, 3 = Unknown

Description: \_\_\_\_\_

**Biological modifiers or cytokines**

1 = Yes, 2 = No, 3 = Unknown

Description: \_\_\_\_\_

**Radiotherapy**

1 = Yes, 2 = No, 3 = Unknown

**AIDS-related malignancy**

1 = Yes, 2 = No, 3 = Unknown

Description: \_\_\_\_\_

**Systemic chemotherapy**

1 = Yes, 2 = No, 3 = Unknown

**Systemic steroid**

1 = Yes, 2 = No, 3 = Unknown

Description: \_\_\_\_\_

**Systemic estrogen**

1 = Yes, 2 = No, 3 = Unknown

**Systemic testosterone**

1 = Yes, 2 = No, 3 = Unknown

**Other**

1 = Yes, 2 = No, 3 = Unknown

Description: \_\_\_\_\_

### OTHER

**Does the patient have vaginitis at time of biopsy?**

1 = Yes, 2 = No, 3 = Unknown

**Are there any special restrictions (placed by the patient or by researchers) on how these specimens may be used in research?**

1 = Yes, 2 = No

If yes, restriction detail: \_\_\_\_\_

**Specimen source notes:**

\_\_\_\_\_

# AIDS and Cancer Specimen Resource

## SPECIMEN SUBMISSION / PATHOLOGY DATA FORM

### Specimen Type Codes

31 = Ascites Fluid  
**Blood:**  
32 = Green top  
33 = Lavender top  
34 = Red top  
35 = Yellow top  
36 = Bone Marrow  
37 = CSF  
38 = FNA  
39 = Lavage  
40 = Pleural Fluid  
41 = Saliva  
42 = Semen  
43 = Swab  
44 = Tissue  
45 = Urine  
46 = Other  
47 = DNA  
48 = RNA

### Character of Specimen

1 = Initial biopsy  
2 = Biopsy of recurrence  
3 = Autopsy  
4 = Surgical procedure  
5 = Biopsy – unspecified  
6 = Unknown

### Tumor Type

1 = Primary  
2 = Metastatic  
3 = Unknown  
4 = N/A

### Unit Type

1 = Block  
2 = Slide  
3 = Tube  
4 = Other  
5 = TMA block  
6 = TMA slide  
7 = Tissue core

### Site Type Codes

28 = Adrenal	08 = Kidney	51 = Products of conception	21 = Stomach
01 = Anus	33 = Large bowel	50 = Prostate	22 = Testis
53 = Aorta	10 = Liver	15 = Rectum	44 = Thyroid
29 = Appendix	11 = Lung	16 = Retroperitoneum, NOS	23 = Tonsils / adenoids
02 = Bone marrow	12 = Lymph node	17 = Salivary gland	45 = Ureter
03 = Brain	13 = Mediastinum, NOS	39 = Serous body cavity	46 = Urethra
04 = Breast	34 = Mouth	40 = Sinus	47 = Urinary bladder
05 = Cervix	35 = Ovary	41 = Skeletal system	48 = Uterus
06 = Colon	36 = Pancreas	18 = Skin	24 = Vagina
30 = Esophagus	37 = Parathyroid	19 = Small bowel	25 = Vulva
31 = Fallopian tube	14 = Penis	42 = Soft tissue	26 = Uninvolved
32 = Gallbladder	38 = Pituitary	43 = Spinal cord	27 = Other – Specify:
07 = Head and neck	49 = Placenta	20 = Spleen	52 = NA ( blood and other fluid specimens)”
09 = Heart			

### Processing Type Codes

#### **Blood**

07 = PBMC  
08 = Plasma, frozen  
09 = Serum  
52 = Whole blood with DMSO  
53 = Whole blood without DMSO

#### **Bone Marrow**

10 = Aspirate smears on slides, frozen  
11 = Aspirate in DMSO / FCS, frozen  
12 = Clot paraffin sections, silanated slides  
13 = Clot section, paraffin block  
14 = TEM specimens  
43 = Core – formalin-fixed, paraffin embedded, decalcified  
44 = PCR

#### **Effusion**

20 = Cells suspension  
21 = Cells Supernatant, frozen  
22 = Cells, frozen  
23 = Cells, frozen in DMSO / FCS

#### **Fine needle aspirate**

24 = Frozen in DMSO / FCS  
25 = Pellet, paraffin sections, silanated slides  
26 = Smears on slides, frozen  
27 = TEM specimens

#### **Nucleic Acid**

46 = Purified - dried  
47 = Purified - solution  
48 = WGA - dried  
49 = WGA - solution  
50 = cDNA - dried  
51 = cDNA - solution

#### **Tissue - Frozen**

31 = Frozen tissue section slides  
37 = (Uncoated) frozen in liquid nitrogen, snap  
38 = (Uncoated) frozen, snap  
39 = OCT-coated, frozen  
40 = OCT-coated, frozen in liquid nitrogen  
54 = in RNA Later

#### **Tissue - Formalin-fixed paraffin**

28 = Sections on silanated slides  
29 = Sections in tubes for PCR  
30 = Embedded blocks

#### **Tissue - Non-formalin-fixed paraffin**

32 = Tissue section on silanated slides  
33 = Embedded tissue blocks

#### **Other**

45 = Alcohol fixed cell blocks in paraffin  
01 = Anal swab in transport medium, frozen  
15 = Cell lines, frozen  
16 = Cell suspension frozen in DMSO / FCS  
17 = Cervical swab in transport medium, frozen  
18 = Cervicovaginal lavage, saline  
19 = CSF, frozen  
34 = Plastic-embedded tissue blocks for TEM  
35 = Saliva, frozen  
36 = Semen, frozen  
41 = Urine, frozen  
42 = Other, specify:

# AIDS and Cancer Specimen Resource

## SPECIMEN SUBMISSION / PATHOLOGY DATA FORM (Specimen Diagnosis Codes and Specimen Diagnosis Detail)

### Specimen Diagnosis Codes

- 1 Benign tumor
- 2 CIS
- 3 Condyloma
- 4 Dysplasia
- 5 Hodgkin's disease
- 6 Infectious process
- 7 Kaposi's sarcoma
- 8 Leukemia
- 10 Non-Hodgkin's disease
- 11 Normal
- 13 Other
- 14 HSIL
- 15 LSIL
- 16 Sarcoma
- 17 Carcinoma
- 19 Reactive Process
- 20 N/A
- 21 HIV Encephalitis
- 23 Other cancer

### 1 Benign Tumor

(Specimen Diagnosis Detail)

- 1 Adenoma
- 2 Carcinoid tumor
- 3 Desmoid tumor
- 4 Fibroadenoma
- 5 Meningioma
- 6 Oncocytoma
- 7 Papilloma
- 8 Stromal tumor
- 9 Thymoma
- 79 Leiomyoma
- 81 Fibroma
- 82 Lipoma
- 83 Schwannoma

### 6 Infectious Process

(Specimen Diagnosis Detail)

- 10 Aspergilliosis
- 11 Candidiasis
- 12 Cryptosporidiosis
- 13 Cytomegalovirus
- 14 Granulomatous disease
- 15 Hepatitis
- 16 Human papilloma virus
- 17 Microsporidiosis
- 18 Mycobacterium
- 19 Pneumocystis carinii  
pneumonitis
- 20 Spirochetosis
- 21 Tuberculosis
- 84 Herpes virus
- 85 Isosporiasis
- 108 Pneumonia

### 19 Typical Reactive Process

(Specimen Diagnosis Detail)

- 56 Cholecystitis
- 57 Chronic inflammation
- 59 Esophagitis
- 60 Fibrosis
- 61 Follicular hyperplasia
- 63 Gastritis
- 65 Glomerulosclerosis
- 66 Goiter (nodular hyperplasia)
- 67 Granuloma (inflammation)
- 68 Gynecomastia
- 69 Hashimoto's disease
- 71 Hypercellular (B.M.)
- 72 Hypocellular (B.M.)
- 73 ITP
- 74 Inflammatory bowel disease
- 76 Proctitis
- 77 Splenitis
- 78 Splenomegaly
- 100 Chronic tonsillitis
- 101 Immune restoration
- 102 Enteritis
- 103 Inflammation
- 104 Lipodystrophy
- 105 Lymphoid atrophy
- 106 Appendicitis

### 10 Non-Hodgkin's Lymphoma

(Specimen Diagnosis Detail)

- 22 Anaplastic large cell
- 23 B-cell, unclassified
- 24 Burkitt's
- 25 Follicular predominantly large cell
- 26 Follicular predominantly small cell
- 27 Immunoblastic
- 28 Mantle zone
- 30 CNS (Central Nervous System  
Lymphoma)
- 31 PEL (Primary Effusion Lymphoma)
- 32 T-cell, unclassified
- 33 MALT
- 34 Diffuse large cell
- 86 B-cell, large
- 87 Burkitt's-like
- 88 High grade, small cell, NOS
- 89 High grade, large cell, NOS
- 90 High grade, NOS
- 91 Small cell
- 107 Mixed large cell small cell

### 16 Sarcoma

(Specimen Diagnosis Detail)

- 35 Carcinosarcoma
- 36 Chondrosarcoma
- 37 Fibrosarcoma
- 38 Leiomyosarcoma
- 39 Liposarcoma
- 40 Rhabdomyosarcoma
- 94 Osteogenic

### 17 Carcinoma

(Specimen Diagnosis Detail)

- 42 Adenocarcinoma
- 43 Basal cell
- 44 Follicular
- 45 Hepatocellular
- 46 Intraductal
- 47 Papillary
- 48 Renal cell
- 49 Transitional cell
- 95 Ductal
- 96 Lobular
- 97 Oncocytoma
- 98 Small cell
- 99 Squamous

### 23 Other Cancer

(Specimen Diagnosis Detail)

- 50 Astrocytoma
- 51 Dysgerminoma
- 52 Melanoma
- 54 Seminoma
- 80 Glioblastoma
- 92 Mesothelioma
- 93 Oligodendroglioma