Enrollment: Stomach

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	☐ Ascites ☐ Liver ☐ Lung ☐ Non-regional/distant lymph nodes ☐ Peritoneal surfaces ☐ Pleural effusion ☐ 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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Tissue Source Site (TSS) Name: _____   HCMI Identifier (ID3): _____
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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 ☐ Stomach ☐ 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 ☐ FFPE ☐ Frozen ☐ OCT ☐ Snap 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	☐ C16.0 ☐ C16.9 ☐ C16.1 ☐ C77.9 ☐ C16.2 ☐ C78.0 ☐ C16.3 ☐ C78.2 ☐ C16.4 ☐ C78.6 ☐ C16.5 ☐ C78.7 ☐ C16.6 ☐ Other (specify) ☐ C16.8	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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Tissue Source Site (TSS) Name: _____   HCMI Identifier (ID3): _____
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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
31	Tumor Morphology	☐ 8020/3 ☐ 8480/3 ☐ 8070/3 ☐ 8512/3 ☐ 8140/3 ☐ 8560/3 ☐ 8211/3 ☐ 8576/3 ☐ 8255/3 ☐ Other (specify) ☐ 8260/3	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	☐ Stomach ☐ 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 ☐ 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 ☐ Peritoneum ☐ Connective, subcutaneous and other soft tissues ☐ Pharynx ☐ Pituitary gland ☐ Prostate gland ☐ Rectosigmoid junction ☐ Esophagus ☐ Renal pelvis ☐ Eye ☐ Retroperitoneum ☐ Gallbladder ☐ Skin ☐ Gum ☐ Small intestine ☐ Head, face or neck ☐ Spinal cord ☐ Spleen ☐ Heart ☐ Stomach ☐ Kidney ☐ Testis ☐ Larynx ☐ Thymus ☐ Lip ☐ Thyroid gland ☐ Liver ☐ Tongue ☐ Lung ☐ Tonsil ☐ Lymph node ☐ Trachea ☐ Male genital organs ☐ Unknown primary ☐ Urinary system ☐ Mediastinum ☐ Uterus ☐ Meninges ☐ Vagina ☐ Mouth ☐ Vulva ☐ Nasal cavity ☐ Nasopharynx ☐ Nervous system ☐ Oropharynx	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	☐ Stomach 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 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	☐ Adenosquamous carcinoma ☐ Carcinoma with lymphoid stroma (medullary carcinoma) ☐ Hepatoid adenocarcinoma ☐ Large cell neuroendocrine carcinoma ☐ Mixed adenoneuroendocrine carcinoma ☐ Neuroendocrine carcinoma (poorly differentiated) ☐ Small cell neuroendocrine carcinoma ☐ Squamous cell carcinoma ☐ Tubular (intestinal) adenocarcinoma ☐ Undifferentiated carcinoma ☐ Other (specify) ☐ Unknown	5153032	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 34a, otherwise, skip to Question 35. If the histological subtype is Tubular (intestinal) adenocarcinoma, proceed to Question 35, otherwise, skip to Question 36.***
34a	Other histological subtype	_____	3124492	If the histological subtype for the primary tumor is not included in the provided list, specify the histological subtype.
35	If tubular (intestinal) adenocarcinoma, what is the subclassification?	☐ Mucinous adenocarcinoma (>50% mucinous) ☐ Mixed carcinoma ☐ Papillary adenocarcinoma ☐ Poorly cohesive carcinoma (including signet-ring cell carcinoma and other variants) ☐ Unknown	6270564	If the histological subtype of the primary tumor is tubular (intestinal) adenocarcinoma, provide the subclassification.
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	☐ 1st ☐ 4th ☐ 7th ☐ 2nd ☐ 5th ☐ 8th ☐ 3rd ☐ 6th	2722309	Select the AJCC staging handbook edition used to stage the patient.
39	Clinical stage group	☐ Stage 0 ☐ Stage I ☐ Stage IA ☐ Stage IIB ☐ Stage IIIC ☐ Stage IB ☐ Stage III ☐ Stage IV ☐ Stage IIA ☐ Stage IIIA ☐ Stage IVA ☐ Stage IIIB ☐ Stage IVB	3440332	Using the patient's pathology/laboratory report, select the clinical stage group of the primary tumor as defined by the American Joint Committee on Cancer (AJCC).
40	Pathologic spread: Primary tumor (pT)	☐ T0 ☐ T1b ☐ Tis ☐ T2 ☐ T4a ☐ T1 ☐ T3 ☐ T4b ☐ T1a ☐ T4 ☐ TX	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).

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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
41	Pathologic spread: Lymph nodes (pN)	☐ N0 ☐ N3 ☐ N1 ☐ N3a ☐ N2 ☐ N3b ☐ NX	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).
42	Pathologic spread: Distant metastases (pM)	☐ M0 ☐ M1	3045439	Using the patient's pathology/ laboratory report, select the code for the pathologic M (metastasis) as defined by the American Joint Committee on Cancer (AJCC).
43	Tumor stage (pathological)	☐ Stage 0 ☐ Stage IA ☐ Stage IIIA ☐ Stage IB ☐ Stage IIIB ☐ Stage IIA ☐ Stage IIIC ☐ Stage IIB ☐ Stage IV	3203222	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).
44	Tumor grade	☐ G1-Well differentiated ☐ G2-Moderately differentiated ☐ G3-Poorly differentiated ☐ G4-Undifferentiated ☐ GB-Borderline histologic grade ☐ GX-Unknown	2785839	Using the patient's pathology/ laboratory report, select the grade of the primary tumor.
Prognostic/Predictive/Lifestyle Features for Primary Tumor Prognosis or Responsiveness to Treatment				
45	Patient history of reflux disease	☐ Yes ☐ No ☐ Unknown	3203079	Indicate whether the patient has a history of reflux disease. *Note: If the patient does not have a history of reflux disease, skip to Question 48.*
46	Was the patient receiving anti-reflux treatment at the time of sample procurement?	☐ Yes ☐ No ☐ Unknown	3203107	Indicate whether the patient was on an anti-reflux treatment at the time of cancer sample procurement for HCMI. *Note: If the patient was not receiving anti-reflux treatment at the time of sample procurement, skip to Question 48.*
47	If the patient was receiving anti-reflux treatment at the time of sample procurement, what treatment was being given?	☐ Antacids (e.g. Tums/Ca2+/Gaviscon/Bismuth/etc.) ☐ H2 blockers (e.g. Zantac/Tagamet/etc.) ☐ Proton pump inhibitors (e.g. Prilosec/Nexium/etc.) ☐ Unknown	3203127	Indicate the type of anti-reflux treatment given to the patient at the time of cancer sample procurement.
48	Previous or current diagnosis of Barrett's Esophagus	☐ Yes ☐ No ☐ Unknown	3203140	Indicate whether the patient had a previous or has a current diagnosis of Barrett's esophagus.
49	Previous or current diagnosis of H. pylori infection?	☐ Previous ☐ Current ☐ Never ☐ Unknown	3440211	Indicate whether the patient was diagnosed with Helicobacter pylori infection.
50	Additional pathologic findings	☐ Intestinal metaplasia ☐ Low-grade dysplasia ☐ High-grade dysplasia ☐ Helicobacter pylori-type gastritis ☐ Autoimmune atrophic chronic gastritis ☐ Polyp(s) ☐ None identified	6270578	Indicate other significant pathological findings.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
51	Lymphovascular invasion present?	☐ Yes ☐ No ☐ Unknown	64727	Indicate whether large vessel (vascular) or small, thin-walled (lymphatic) invasion was detected in the tumor specimen.
52	Perineural invasion present?	☐ Yes ☐ No ☐ Unknown	64181	Indicate whether perineural invasion or infiltration is present.
53	Was HER2 IHC performed?	☐ Yes ☐ No ☐ Unknown	6063454	Indicate whether HER2 expression was assessed by immunohistochemistry (IHC). *Note: If HER2 IHC was not performed, skip to Question 55.*
54	HER2 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	2957563	Indicate the expression of HER2 as assessed by immunohistochemistry (IHC).
55	Was HER2 CISH/FISH performed?	☐ Yes ☐ No ☐ Unknown	6063447	Indicate whether HER2 was assessed by fluorescence in situ hybridization (FISH) or chromogenic in situ hybridization (CISH). *Note: If HER2 FISH/CISH was not performed, skip to Question 61.*
56	HER2 status by FISH/CISH	☐ Amplified ☐ Not amplified ☐ Equivocal	2854089	Select the HER2 status as assessed by FISH/CISH.
57	HER2 copy number	_____	3133738	If HER2 copy number testing was performed, provide the average number of HER2 fluorescence in situ hybridization (FISH) signals for the patient's primary tumor.
58	Centromere 17 copy number	_____	3104295	If Centromere 17 copy number testing was performed, provide the average number of Centromere 17 fluorescence in situ hybridization (FISH) signals for the patient's primary tumor.
59	Number of cells counted for HER2 and Centromere 17 copy numbers	_____	3087902	Provide the total number of cells counted to assess HER2 and Centromere 17 copy numbers.
60	HER2/Centromere 17 signal ratio	_____	2497552	If HER2 and Centromere 17 copy number analyses were performed by FISH, provide the ratio of the outcomes of these tests.
61	Tumor regression grade	☐ 0 (Complete response) ☐ 1 (Near complete response) ☐ 2 (Partial response) ☐ 3 (Poor or no response) ☐ Not assessed	6471217	Select the tumor regression grade that represents the histological response to neoadjuvant therapy.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Primary Tumor Sample Information				
62	Are you submitting a primary tumor tissue sample for this case?	☐ Yes ☐ No		*If yes, proceed to question 63. If submitting a metastatic/recurrent tumor sample, proceed to Question 89.*
63	Primary tumor biospecimen ordinal	_____	6584265	Please provide a number to identify which biospecimen this is in the sequence. *Note: This number should be "1".*
64	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.
65	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.
66	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 67 otherwise, skip to Question 68.*
67	Specify the ICD-10 code	_____	3226287	Provide the ICD-10 code for the primary tumor used to generate the model submitted to HCMI.
68	Tumor tissue sample preservation method	☐ Cryopreserved ☐ OCT ☐ FFPE ☐ Frozen ☐ Snap frozen	5432521	Provide the method used to preserve the tumor tissue sample collected for molecular characterization.
69	Anatomic Site of tumor from which Model was Derived	☐ Stomach – antrum ☐ Stomach – body ☐ Ascites ☐ Stomach – fundus ☐ Liver ☐ Gastroesophageal ☐ Lung junction ☐ Lymph node ☐ Pylorus ☐ Other (specify) ☐ Stomach (NOS)	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 69a. Otherwise, skip to Question 70.*
69a	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.
70	Method of cancer sample procurement	☐ Biopsy ☐ Fine needle aspiration ☐ Fluid drainage ☐ Surgical resection ☐ 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 70a, otherwise, skip to Question 71.*
70a	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.
71	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
72	Tumor tissue type	☐ Primary ☐ Additional Primary ☐ NOS	3288124	Provide the primary tumor tissue type for this sample.
Primary Tumor Model Information				
73	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".*
74	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.
75	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
76	Model represents primary diagnosis?	☐ Yes ☐ No	6584730	Does this MODEL represent the PRIMARY DIAGNOSIS for this Case ID3?
77	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.
78	Model's primary tumor biospecimen ordinal	_____	6584265	Enter the biospecimen ordinal of the PRIMARY TUMOR TISSUE from which this model is derived.
Treatment Information				
79	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 80-86. Radiation therapy is addressed in Questions 87-88.*
80	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 81-82. Immunotherapy is addressed in Questions 83-84. Targeted therapy is addressed in Questions 85-86.*
81	Neoadjuvant chemotherapeutic regimen	☐ Carboplatin ☐ Cisplatin, 5-Fluorouracil (5-FU) and Trastuzumab ☐ Docetaxel ☐ Epirubicin ☐ Epirubicin, Cisplatin and 5-fluorouracil (ECF) ☐ Epirubicin, Cisplatin and Capecitabine (ECX) ☐ Epirubicin, Oxaliplatin, and Capecitabine (EOX) ☐ Irinotecan ☐ Oxaliplatin ☐ Paclitaxel ☐ Other (specify)	2853313	Select all chemotherapeutics used for neoadjuvant therapy. *Note: If neoadjuvant chemotherapy was not given, skip to Question 83. If the neoadjuvant chemotherapeutic regimen is not listed, proceed to Question 81a, otherwise, skip to Question 82.*

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
81a	Other neoadjuvant chemotherapeutic regimen	_____	62694	If the neoadjuvant therapy is not included in the provided list, specify neoadjuvant therapies administered.
82	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.
83	Immunotherapy	_____	2185614	Specify the name of the immunotherapy administered. *Note: If immunotherapy was not given, skip to Question 85.*
84	Days to immunotherapy treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with immunotherapy.
85	Targeted Therapy	☐ Ramucirumab ☐ Trastuzumab ☐ Other (specify)	6005154	Select the targeted therapy administered to the patient. *Note: If targeted therapy was not given, skip to Question 87. If the targeted therapy is not listed, proceed to Question 85a, otherwise, skip to Question 86.*
85a	Specify targeted therapy	_____	4308476	Provide the name of the targeted therapy administered to the patient.
86	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.
87	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 89. If the radiation therapy is not listed, proceed to Question 87a, otherwise, skip to Question 88.*
87a	Other radiation therapy	_____	2195477	If the radiation therapy type is not included in the provided list, specify the type.
88	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				
89	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 90. If submitting an OTHER tissue sample, proceed to Question 155.*
90	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.*

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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
91	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.
92	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.
93	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.
94	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.
95	Method of metastatic/ recurrent cancer sample procurement	☐ Biopsy ☐ Fine needle aspiration ☐ Fluid drainage ☐ Surgical 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 95a, otherwise, skip to Question 96.***
95a	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.
96	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.
97	Metastatic/recurrent site	☐ Antrum ☐ Body ☐ Fundus ☐ Gastroesophageal junction ☐ Pylorus ☐ Stomach (NOS) ☐ Ascites ☐ Liver ☐ Lung ☐ Lymph node ☐ Non-regional/distant lymph nodes ☐ Peritoneal surfaces ☐ Pleural effusion ☐ 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 97a, otherwise, skip to Question 98.***
97a	Other metastatic/ recurrent site	_____	6587395	If not included in the previous list, specify the site from which the metastatic/recurrent tissue used to develop the model was derived.
98	Site of relapse	☐ Local ☐ Regional ☐ Distant ☐ Not applicable	2002506	If the primary tumor relapsed, provide the site of relapse.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
99	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
100	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.
101	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.
102	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.
103	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.
104	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.
105	Disease status	☐ No evidence of disease ☐ Progressive disease ☐ Stable disease ☐ Unknown	2188290	Provide the disease status following maintenance and/or consolidation therapy.
Prognostic/Predictive/Lifestyle Features for Metastatic/Recurrent Tumor Prognosis or Responsiveness to Treatment				
106	Lymphovascular invasion present?	☐ Yes ☐ No ☐ Unknown	64727	Indicate whether large vessel (vascular) or small, thin-walled (lymphatic) invasion was detected in the tumor specimen.
107	Perineural invasion present?	☐ Yes ☐ No ☐ Unknown	64181	Indicate whether perineural invasion or infiltration is present.
108	Was HER2 IHC performed?	☐ Yes ☐ No ☐ Unknown	6063454	Indicate whether HER2 expression was assessed by immunohistochemistry (IHC). ***Note: If HER2 IHC was not performed, skip to Question 110.***
109	HER2 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	2957563	Indicate the expression of HER2 as assessed by immunohistochemistry (IHC).
110	Was HER2 CISH/FISH performed?	☐ Yes ☐ No ☐ Unknown	6063447	Indicate whether HER2 was assessed by fluorescence in situ hybridization (FISH) or chromogenic in situ hybridization (CISH). ***Note: If HER2 FISH/CISH was not performed, skip to Question 116.***

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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
111	HER2 status by FISH/CISH	☐ Amplified ☐ Not amplified ☐ Equivocal	2854089	Select the HER2 status as assessed by FISH/CISH.
112	HER2 copy number	_____	3133738	If HER2 copy number testing was performed, provide the average number of HER2 fluorescence in situ hybridization (FISH) signals for the patient's metastatic/ recurrent tumor.
113	Centromere 17 copy number	_____	3104295	If Centromere 17 copy number testing was performed, provide the average number of Centromere 17 fluorescence in situ hybridization (FISH) signals for the patient's metastatic/ recurrent tumor.
114	Number of cells counted for HER2 and Centromere 17 copy numbers	_____	3087902	Provide the total number of cells counted to assess HER2 and Centromere 17 copy numbers.
115	HER2/Centromere 17 signal ratio	_____	2497552	If HER2 and Centromere 17 copy number analyses were performed by FISH, provide the ratio of the outcomes of these tests.
116	Tumor regression grade	☐ 0 (Complete response) ☐ 1 (Near complete response) ☐ 2 (Partial response) ☐ 3 (Poor or no response) ☐ Not assessed	6471217	Select the tumor regression grade that represents the histological response to neoadjuvant therapy.
Additional Metastatic/Recurrent Tumor Biospecimen Information (if applicable)				
117	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 118, otherwise, skip to Question 145.***
118	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.
119	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.

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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
120	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.
121	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.
122	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.
123	Method of metastatic/ recurrent cancer sample procurement	☐ Biopsy ☐ Fine needle aspiration ☐ Fluid drainage ☐ Surgical 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 123a, otherwise, skip to Question 124.*
123a	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.
124	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.
125	Metastatic/recurrent site	☐ Antrum ☐ Body ☐ Fundus ☐ Gastroesophageal Junction ☐ Pylorus ☐ Stomach (NOS) ☐ Ascites ☐ Liver ☐ Lung ☐ Lymph node ☐ Non-regional/distant lymph nodes ☐ Peritoneal surfaces ☐ Pleural effusion ☐ 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 125a, otherwise, skip to Question 126.*
125a	Other metastatic/ recurrent site	_____	6587395	If not included in the previous list, specify the site from which the metastatic/recurrent tissue used to develop the model was derived.
126	Site of relapse	☐ Local ☐ Regional ☐ Distant ☐ Not applicable	2002506	If the primary tumor relapsed, provide the site of relapse.
127	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
128	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.

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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
129	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.
130	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.
131	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.
132	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.
133	Disease status	☐ No evidence of disease ☐ Progressive disease ☐ Stable disease ☐ Unknown	2188290	Provide the disease status following maintenance and/or consolidation therapy.
Prognostic/Predictive/Lifestyle Features for Additional Metastatic/Recurrent Tumor Prognosis or Responsiveness to Treatment				
134	Lymphovascular invasion present?	☐ Yes ☐ No ☐ Unknown	64727	Indicate whether large vessel (vascular) or small, thin-walled (lymphatic) invasion was detected in the tumor specimen.
135	Perineural invasion present?	☐ Yes ☐ No ☐ Unknown	64181	Indicate whether perineural invasion or infiltration is present.
136	Was HER2 IHC performed?	☐ Yes ☐ No ☐ Unknown	6063454	Indicate whether HER2 expression was assessed by immunohistochemistry (IHC). *Note: If HER2 IHC was not performed, skip to Question 138.*
137	HER2 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	2957563	Indicate the expression of HER2 as assessed by immunohistochemistry (IHC).
138	Was HER2 CISH/FISH performed?	☐ Yes ☐ No ☐ Unknown	6063447	Indicate whether HER2 was assessed by fluorescence in situ hybridization (FISH) or chromogenic in situ hybridization (CISH). *Note: If HER2 FISH/CISH was not performed, skip to Question 144.*
139	HER2 status by FISH/CISH	☐ Amplified ☐ Not amplified ☐ Equivocal	2854089	Select the HER2 status as assessed by FISH/CISH.
140	HER2 copy number	_____	3133738	If HER2 copy number testing was performed, provide the average number of HER2 fluorescence in situ hybridization (FISH) signals for the patient's metastatic/recurrent tumor.

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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
141	Centromere 17 copy number	_____	3104295	If Centromere 17 copy number testing was performed, provide the average number of Centromere 17 fluorescence in situ hybridization (FISH) signals for the patient's metastatic/recurrent tumor.
142	Number of cells counted for HER2 and Centromere 17 copy numbers	_____	3087902	Provide the total number of cells counted to assess HER2 and Centromere 17 copy numbers.
143	HER2/Centromere 17 signal ratio	_____	2497552	If HER2 and Centromere 17 copy number analyses were performed by FISH, provide the ratio of the outcomes of these tests.
144	Tumor regression grade	☐ 0 (Complete response) ☐ 1 (Near complete response) ☐ 2 (Partial response) ☐ 3 (Poor or no response) ☐ Not assessed	6471217	Select the tumor regression grade that represents the histological response to neoadjuvant therapy.
Metastatic/Recurrent Tumor Model Information				
145	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.***
146	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.
147	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.
148	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.
149	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)				
150	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.***
151	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.

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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
152	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.
153	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.
154	Model's METASTATIC/ RECURRENT tumor tissue biospecimen ordinal	_____	6584266	Enter the biospecimen ordinal of the METASTATIC/RECURRENT tissue from which this model is derived.
Other Biospecimen Information				
155	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 156.*
156	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.*
157	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.
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	OTHER tissue sample preservation method	☐ Cryopreserved ☐ OCT ☐ FFPE ☐ Snap frozen ☐ Frozen	5432521	Provide the method used to preserve the OTHER tissue sample collected for molecular characterization.
160	Other method of cancer sample procurement	☐ Biopsy ☐ Fine needle aspiration ☐ Fluid drainage ☐ Surgical 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 160a, otherwise, skip to Question 161*
160a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
161	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.
162	Tissue type	☐ Non-malignant ☐ Other (specify)	64784	Indicate the OTHER tissue type. *Note: If the OTHER tissue type is not listed, proceed to Question 162a, otherwise, skip to Question 163.*

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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
162a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
163	Anatomic site of OTHER tissue	☐ Antrum ☐ Liver ☐ Body ☐ Lung ☐ Fundus ☐ Lymph node ☐ Gastroesophageal Junction ☐ Non-regional/distant lymph nodes ☐ Pylorus ☐ Stomach (NOS) ☐ Peritoneal surfaces ☐ Ascites ☐ Pleural effusion ☐ Other (specify)	6696813	Select the site from which the OTHER tissue used to develop the model was derived. ***Note: If the OTHER tissue site is not listed, proceed to Question 163a, otherwise, skip to Question 164.***
163a	Specify anatomic site of OTHER tissue	_____	6584916	Specify the site of OTHER tissue, if not in the previous list.
164	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
165	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)				
166	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 167. If no, proceed to Question 177.***
167	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.
168	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.
169	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.
170	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.
171	Other method of cancer sample procurement	☐ Biopsy ☐ Fine needle aspiration ☐ Fluid drainage ☐ Surgical 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 171a, otherwise, skip to Question 172.***

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Tissue Source Site (TSS) Name: _____   HCMI Identifier (ID3): _____
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171a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
172	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.
173	Tissue type	☐ Non-malignant ☐ Other (specify)	64784	Indicate the OTHER tissue type. *Note: If the OTHER tissue type is not listed, proceed to Question 173a, otherwise, skip to Question 174.*
173a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
174	Anatomic site of OTHER tissue	☐ Antrum ☐ Liver ☐ Body ☐ Lung ☐ Fundus ☐ Lymph node ☐ Gastroesophageal Junction ☐ Non-regional/distant lymph nodes ☐ Pylorus ☐ Stomach (NOS) ☐ Peritoneal surfaces ☐ Ascites ☐ Pleural effusion ☐ Other (specify)	6696813	Select the site from which the OTHER tissue used to develop the model was derived. *Note: If the OTHER tissue site is not listed, proceed to Question 174a, otherwise, skip to Question 175.*
174a	Specify anatomic site of OTHER tissue	_____	6584916	Specify the site of OTHER tissue, if not in the previous list.
175	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
176	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				
177	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.*
178	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.
179	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.
180	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
181	Model's OTHER tissue biospecimen ordinal	_____	6584267	Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.

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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
Additional Other Tissue Model Information (if applicable)				
182	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.*
183	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.
184	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.
185	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
186	Model's OTHER tissue biospecimen ordinal	_____	6584267	Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.