

The Cleveland Clinic, Case2107-CC302  
 Frequency and clinical spectrum of germline *PTEN* mutations in a hospital population based series of  
 incident invasive breast cancer cases

**Banking Checklist: To be completed for all subjects**

Subject Name: _____ DOB: _____	
Date of blood draw: _____ CCF# _____	
Subject Race (check all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian and Other Pacific Islander	<input type="checkbox"/> American Indian and Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Other
Subject Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Country/countries of origin: _____	
Referring Healthcare Provider: _____	
Title: _____	Institution: _____
Phone: _____	E-mail: _____

- Please check off each required document to signify that it is included
- Send all documents with sample

**Required documents for all subjects:**

- Original signed informed consent form
- Completed medical release form
- Family History Form
- Clinical Features Checklist
- Copy of medical summary/documentation/pathology reports (if available)

o	<p><b><u>The Cleveland Clinic PTEN Breast Cancer Study</u></b></p> <input type="checkbox"/> Patient is woman over age 18 <input type="checkbox"/> Patient diagnosed with an invasive breast cancer										
	<p><b><u>Special handling of sample and data, please check if appropriate</u></b></p> <input type="checkbox"/> Patient selected to have sample used for analysis of <i>PTEN</i> gene ONLY (page 9 IC) <input type="checkbox"/> Patient selected to have sample stored WITHOUT IDENTIFIERS (page 9 IC)										
	<p><b><u>Recruiting Site</u></b></p> <table border="0"> <tr> <td><input type="checkbox"/> Main Campus/Downtown CCF</td> <td><input type="checkbox"/> CCF Hillcrest</td> </tr> <tr> <td><input type="checkbox"/> CCF Beachwood FHC/ASC</td> <td><input type="checkbox"/> CCF Fairview</td> </tr> <tr> <td><input type="checkbox"/> CCF Wooster</td> <td><input type="checkbox"/> CCF Strongsville</td> </tr> <tr> <td><input type="checkbox"/> CCF independent</td> <td><input type="checkbox"/> CCF Willoughby</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other (write in)</td> </tr> </table>	<input type="checkbox"/> Main Campus/Downtown CCF	<input type="checkbox"/> CCF Hillcrest	<input type="checkbox"/> CCF Beachwood FHC/ASC	<input type="checkbox"/> CCF Fairview	<input type="checkbox"/> CCF Wooster	<input type="checkbox"/> CCF Strongsville	<input type="checkbox"/> CCF independent	<input type="checkbox"/> CCF Willoughby		<input type="checkbox"/> Other (write in)
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