

Genomic Medicine Institute, The Cleveland Clinic, Banking Checklist

Patient's Name _____ DOB: _____ Date of blood draw: _____ Patient's Race/Ethnicity _____ CCF# _____ Name of family member previously entered into study, if any _____
Genetic Counselor/Physician's name _____ Phone _____ Email _____

**Please indicate which study you are submitting samples for:**

<input type="checkbox"/>	<b>Familial Barrett Esophagus gene hunt study</b> (personal and/or family history of GERD, adenocarcinoma of the esophagus, or Barrett esophagus)						
<input type="checkbox"/>	<b>PTEN gene analysis</b> (see PTEN checklist for inclusion criteria) <input type="checkbox"/> Meets criteria on checklist (2 major criteria <i>or</i> 1 major and 2 minor <i>or</i> 3 minor criteria) <input type="checkbox"/> Some Cowden syndrome features present. Participant does not fully meet above criteria.						
<input type="checkbox"/>	<b>"Funny Polyp" study</b> (analysis of <i>PTEN</i> , <i>BMPRIA</i> , <i>SMAD4</i> , <i>LKB1</i> , <i>Endoglin</i> and <i>MYH</i> genes) Clinical criteria: 5 or more polyps on consecutive exams, 1 of which is hamartomatous or hyperplastic						
<input type="checkbox"/>	<b>SDH gene analysis</b> ( <i>SDHB</i> , <i>SDHC</i> , <i>SDHD</i> ) Clinical criteria: paraganglioma or pheochromocytoma						
<input type="checkbox"/>	<b>Brachydactyly-Mental Retardation study</b> <input type="checkbox"/> 2q37 deletion (must have been diagnosed with a 2q37 deletion) <input type="checkbox"/> Albright hereditary osteodystrophy [AHO]-like (clinical features similar to AHO or 2q37 but no <i>GNAS</i> mutation or detectable 2q deletion)						
<input type="checkbox"/>	<b>General Cancer Banking</b> (please mark here if you are not submitting for a specific study) Diagnosis: _____						
<input type="checkbox"/>	<b>Non-Cancer Banking</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> General</td> <td style="width: 50%;"><input type="checkbox"/> Chromosome abnormality</td> </tr> <tr> <td><input type="checkbox"/> Neurometabolism</td> <td><input type="checkbox"/> Pulmonary hypertension (PAH)</td> </tr> <tr> <td><input type="checkbox"/> Vascular</td> <td><input type="checkbox"/> _____</td> </tr> </table>	<input type="checkbox"/> General	<input type="checkbox"/> Chromosome abnormality	<input type="checkbox"/> Neurometabolism	<input type="checkbox"/> Pulmonary hypertension (PAH)	<input type="checkbox"/> Vascular	<input type="checkbox"/> _____
<input type="checkbox"/> General	<input type="checkbox"/> Chromosome abnormality						
<input type="checkbox"/> Neurometabolism	<input type="checkbox"/> Pulmonary hypertension (PAH)						
<input type="checkbox"/> Vascular	<input type="checkbox"/> _____						
<input type="checkbox"/>	<b>CCF PTEN Breast (CCF PATIENTS ONLY)</b> Please choose a site: <input type="checkbox"/> Main <input type="checkbox"/> Beachwood <input type="checkbox"/> Fairview <input type="checkbox"/> Hillcrest <input type="checkbox"/> Independence <input type="checkbox"/> Strongsville <input type="checkbox"/> Willoughby <input type="checkbox"/> Wooster						

**We require the following for each specimen to be processed:**

- Copy of signed informed consent form
- Copy of the pedigree
- Copy of medical summary/documentation/pathology reports
- Completed medical release form
- PTEN, SDH, and Neurometabolism studies: Completed Clinical Checklist
- Funny Polyp study: H&E polyp slides, if possible

**Forward any paperwork not included with the sample to Dawn Caraballo at: fax 216-445-6935 or email carabad2@ccf.org.**

*Samples **WILL NOT** be processed unless **ALL** paperwork has been received.*

## Specimen Instructions

- 1) Draw 40 ml of blood into four 10 ml vacuum tubes. *Note: Only use 10 ml yellow-top vacuum tubes with Acid Citrate Dextrose (ACD) solution A or B as the anticoagulant.* For small children, we understand if you cannot obtain 40 ml, but try for 10 ml in a single 10 ml ACD (yellow-topped) tube. We realize that these tubes are not always available. While less desirable, purple-top EDTA tubes can be used. Please do NOT use green-top heparin or gold-top SST tubes, as these render the blood useless for our purposes.
- 2) Package these tubes into a rigid biosafe shipping container approved for blood transport and place the box into a sealable biohazard bag. It is important that the blood remain at room temperature throughout the shipping and handling process.
- 3) For domestic packages, please ship the package with all the necessary documentation to the following address via **UPS** using the following account number: **X843F0**. **You MUST include the following information in the Reference Number: 500099952193.** *For samples being sent from outside of the United States, please contact us for instructions specific for international shipments.*

**Genomic Medicine Biorepository NE5-214**  
**Cleveland Clinic**  
**2119 E. 93<sup>rd</sup> St.**  
**Cleveland, OH 44106**

**Tel: 216-444-4731 (Biorepository) or,**  
**216-445-5686 (Center for Personalized Genetic Healthcare)**

- 4) Please note that if these samples are being sent from a place of business, regulations require that the following be entered as a description: **Biological Substance, Category B**. Personal shipments do not require this entry.
- 5) **It is important that these samples arrive in our laboratory within 48 hours of collection.** Note: if it becomes necessary to ship on a Friday or if the samples must be held for any length of time prior to shipment, please keep the blood at room temperature out of direct light. Please do not refrigerate these samples.
- 6) On the day you ship, please email [GMB@ccf.org](mailto:GMB@ccf.org) (Genomic Medicine Biorepository) to let us know the samples are coming. Please include the family's or patient's name and the tracking number of the UPS shipment.

Thank you.