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CORRELATIVE SCIENCE PROCEDURE MANUAL

1. Purpose

This document describes the procedures required for the collection, shipping, and processing of biospecimens from all patients enrolled or registered on A151804. This document also describes the procedures that will be followed subsequent to the receipt of biospecimens by the Alliance Biorepository (i.e. Siteman Cancer Center Tissue Procurement Core at Washington University), prior to their use for protocol-specified and future, unspecified correlative science research studies. This document should be used by staff involved with any aspect of the A151804 biospecimen collection, processing, and submission; including staff at satellite institutions.

2. Scope

This document applies to all biospecimens collected specifically for A151804 only. Please refer to the trial protocol-specific language for additional details regarding eligibility, participant enrollment, data submission, and specific procurement procedures. Please ensure that you are reading the most updated version of this document. This document may experience minor updates, revisions, and clarifications independent of a formal protocol amendment. The most recent version of this document may be found on the Alliance website and CTSU.

3. Definitions

Term	Definition
ABWUSTL	Alliance Biorepository at Washington University in St. Louis
FFPE	Formalin fixed, paraffin embedded
Ю	Immuno-Oncology
irAE	Immune-related Adverse Event

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4. Contact Information

Protocol-related questions may be directed as follows:				
Questions	Contact (via email)			
	Study Chair: David Kozono, MD, PhD			
	dkozono@bwh.harvard.edu			
Questions regarding patient eligibility	Protocol Coordinator: Nancy Garcia*			
Questions regarding patient engiants	nkategarcia16@bsd.uchicago.edu			
	(where applicable) Data Manager: Barb Mulhern			
	mulhern.barbara@mayo.edu			
Questions related to data submission, RAVE or	Data Manager: Barb Mulhern			
patient follow-up:	mulhern.barbara@mayo.edu			
Questions regarding the protocol document and	Protocol Coordinator: Nancy Garcia*			
model informed consent:	nkategarcia16@bsd.uchicago.edu			
Questions related to IRB review	Alliance Regulatory Inbox			
Questions related to IND Teview	regulatory@allianceNCTN.org			
Questions regarding CTEP-AERS reporting:	Alliance Pharmacovigilance Inbox			
	pharmacovigilance@allianceNCTN.org			
Questions regarding specimens/specimen	Alliance Biorepository: alliance@email.wustl.edu			
submissions:				

^{*}Nancy Garcia has replaced Laura Hoffman as the protocol coordinator, will be updated in next protocol amendment

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- 4.1 For information on using the BioMS system, please refer to the 'Help' links on the BioMS webpage to access the online user manual, FAQs, and training videos. To report technical problems, such as login issues or application errors, please contact: 1-855-55-BIOMS or bioms@alliancenctn.org. For assistance in using the application or questions or problems related to specific specimen logging, please contact: 1-855-55-BIOMS or bioms@alliancenctn.org.
- **4.2** For all other questions regarding biospecimen procurement and shipping procedures, please contact the Alliance Biorepository Program Manager: 1-314-747-4402 or alliance@email.wustl.edu.

5. Site Preparation

- **5.1** Please refer to A151804 protocol document for any specific requirements related to patient enrollment, registration, and regulatory compliance.
- **5.2** Please ensure that you have appropriate log on credentials and can successfully access the BioMS application. The BioMS application is used for both requesting biospecimen collection kits and for logging the collection and shipment of biospecimens to the Alliance Biorepository at Washington University. For training and assistance in using the application or questions or problems related to specific specimen logging, please contact: 1-855-55-BIOMS or bioms@alliancenctn.org.
- **5.3** Prior to collection of biospecimens, a biospecimen collection kit must be at the collection site. Please see **section 7** for requesting biospecimen collection kits. Please allow at least 10 working days to receive the collection kit.
- **5.4** Identify a reliable source of dry ice for freezing and shipping biospecimens and a -70 to -90 degree Celsius freezer ("ultralow") in which frozen biospecimens may be stored prior to shipment.

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6. Collection Schema

The following biospecimens are to be collected at each of the time points below. Please refer to individual collection kit instructions, biospecimen collection and processing methods, and specific shipping procedures below.

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Time Point	Kit	Biospecimen	Quantity	Collection / Processing	Shipping	Notes		
	(Y/N)			Method				
	Pre-registration Specimens							
Pre-therapy	Y	From original primary tumor: Fixed tissue block-	1	Fixed tissue blocks (9.2)	Ambient	1, 6		
		OR Stained tissue slides OR	Case dependent	Stained tissue slides (9.3)	Ambient			
		Scanned slide images	Case dependent	Scanned slide images (9.4)	N/A			
Pre-therapy	Υ	Whole blood for plasma	3 x 1 ml aliquots	Frozen plasma (10.1)	Dry Ice	1, 2		
Pre-therapy	Υ	Whole blood for "buffy coat"	2 aliquots	"Buffy Coat" (10.2)	Dry Ice	1, 2		
Pre-therapy	Y	Whole blood (EDTA)	2 x 10 ml	Whole blood- EDTA tubes (10.3)	Ambient	1, 3		
Pre-therapy	Υ	Stool	1 tube	Stool (11.0)	Ambient	1, 4		
						1		
1 month (± 14 days) after pre- registration	Y	Whole blood for plasma	3 x 1 ml aliquots	Frozen plasma (10.1)	Dry Ice	1, 2		
1 month (± 14 days) after pre- registration	Y	Whole blood for "buffy coat"	2 aliquots	"Buffy Coat" (10.2)	Dry Ice	1, 2		
1 month (± 14 days) after pre- registration	Y	Whole blood (EDTA)	2 x 10 ml	Whole blood- EDTA tubes (10.3)	Ambient	1, 3		
1 month (± 14 days) after pre- registration	Y	Stool	1 tube	Stool (11.0)	Ambient	1, 4		
		Regis	stration Specime	ns				
≤ 24 hours after registration	Y	Whole blood for plasma	3 x 1 ml aliquots	Frozen plasma (10.1)	Dry Ice	2,5		
≤ 24 hours after registration	Y	Whole blood for "buffy coat"	2 aliquots	"Buffy Coat" (10.2)	Dry Ice	2, 5		

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≤ 24 hours after registration	Y	Whole blood (EDTA)	2 x 10 ml	Whole blood- EDTA tubes (10.3)	Ambient	3, 5
≤ 24 hours after registration	Y	Stool	1 tube	Stool (11.0)	Ambient	5, 9
≤ 7 days after registration	Y	From original primary tumor: Fixed tissue block- OR	1	Fixed tissue blocks (9.2)	Ambient	5, 6
		Stained tissue slides OR	Case dependent	Stained tissue slides (9.3)	Ambient	
		Scanned slide images	Case dependent	Scanned slide images (9.4)	N/A	
≤ 7 days after registration	Y	From diagnostic biopsy related to presumed irAE: Fresh tissue biopsy- irAE OR	See below (9.0)	Frozen tissue (9.5)	Dry Ice	5, 7, 8, 11
		Fresh tissue biopsy- irAE		Formalin fixation (9.6)	Ambient	
≤ 7 days after registration	Y	From diagnostic biopsy related to presumed irAE:				5, 11, 12
		Fixed tissue block- OR Stained tissue slides	Case dependent	Fixed tissue blocks (9.2) Stained tissue slides (9.3)	Ambient Ambient	
		<u>OR</u>				
		Scanned slide images OR	Case dependent	Scanned slide images (9.4)	N/A	
		Unstained tissue slides AND tissue scrolls- irAE	6 x 4-6 micron unstained slides AND 5 x 10 micron tissue scrolls	Unstained tissue slides and tissue scrolls (9.7)	Ambient	
		Post-Re	egistration Specimo	ens		
1 month (± 14 days) after registration	Y	Whole blood for plasma	3 x 1 ml aliquots	Frozen plasma (10.1)	Dry Ice	2
1 month (± 14 days) after registration	Y	Whole blood for "buffy coat"	2 aliquots	"Buffy Coat" (10.2)	Dry Ice	2
1 month (± 14 days) after registration	Y	Whole blood (EDTA)	2 x 10 ml	Whole blood- EDTA tubes (10.3)	Ambient	3

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1 month (± 14	Υ	Stool	1 tube	Stool (11.0)	Ambient	9
days) after						
registration						
			<u> </u>			
At any irAE	Υ	From diagnostic biopsy				7, 8, 10,
recurrence (if		related to presumed irAE				13
applicable)		recurrence:				
		Fresh tissue biopsy- irAE	See below (9.0)	Frozen tissue (9.5)	Dry Ice	
		<u>OR</u>				
		Fresh tissue biopsy- irAE		Formalin fixation (9.6)	Ambient	
At any irAE	Υ	From diagnostic biopsy				10, 11,
recurrence (if		related to presumed irAE				12, 13
applicable)		recurrence:				
		Fixed tissue block	1	Fixed tissue blocks (9.2)	Ambient	
		<u>OR</u>				
		Stained tissue slides	Case dependent	Stained tissue slides (9.3)	Ambient	
		<u>OR</u>				
		Scanned slide images	Case dependent	Scanned slide images (9.4)	N/A	
		<u>OR</u>				
		Unstained tissue slides AND	6 x 4-6 micron	Unstained tissue slides	Ambient	
		tissue scrolls	unstained slides AND	and tissue scrolls (9.7)		
			5 x 10 micron tissue			
			scrolls			
At any irAE	Υ	Whole blood for plasma	3 x 1 ml aliquots	Frozen plasma (10.1)	Dry Ice	2, 10
recurrence (if						
applicable)						
At any irAE	Υ	Whole blood for "buffy coat"	2 aliquots	"Buffy Coat" (10.2)	Dry Ice	2, 10
recurrence (if						
applicable)						
At any irAE	Υ	Whole blood (EDTA)	2 x 10 ml	Whole blood- EDTA tubes	Ambient	3, 10
recurrence (if				(10.3)		
applicable)						
At any irAE	Υ	Stool	1 tube	Stool (11.0)	Ambient	9, 10
recurrence (if						
applicable)						

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Notes:

- 1. For patients pre-registering prior to treatment with IO therapy, pre-registration samples can be obtained any time after consent but prior to initiation of IO therapy, and again after initiation of IO therapy 1 month ± 14 days after pre-registration. No pre-registration samples will be collected for patients who are pre-registered and registered concurrently at the time of confirmation of irAE(s).
- 2. Peripheral blood (EDTA) 1 x 10 ml to be processed for plasma (3 x 1-1.5 ml aliquots) and "buffy coat," frozen on site and shipped on dry ice.
- 3. Whole blood (EDTA, 2 x 10 ml) for PBMC isolation and cryopreservation at the Biorepository.
- 4. One stool sample obtained at each time point after pre-registration. Stool sample collection is optional yet highly encouraged; these should be collected within 24 hours or at the time of next bowel movement. The sample may be collected at home and brought to the next clinic visit within 45 days of collection.
- 5. Registration is to occur within 96 hours of confirmation of G3-4 irAE event (for all patients regardless of the timing of pre-registration).
- 6. A representative, archived tumor tissue block from the original primary tumor diagnostic biopsy or surgical resection should be submitted, if available. If tissue block cannot be supplied due to limited availability, stained slides including a hematoxylin and eosin (H&E) stained slide and any others produced for histopathologic diagnosis may be submitted to the Biorepository for digital slide scanning prior to being returned to the site. Alternatively, Scanned slide image files of the stained slides in .SVS file format may be uploaded digitally to the Biorepository. If the tissue cannot be submitted at the time of pre-registration (for pre-registered patients prior to starting IO therapy) or registration (for patients registered at the time of irAE), it may be submitted at a later timepoint. If submitted during pre-registration, it does not need to be submitted again.
- 7. Additional or residual fresh tissue from any diagnostic biopsy of solid tissue or cytology preparation from a needle aspiration procedure (e.g., cell pellet of bronchoalveolar lavage or cerebrospinal fluid), performed to evaluate pathology related to a presumed irAE (e.g. myocarditis, colitis, hepatitis) which is subsequently snap frozen (priority 1) and will be used for research purposes. If the tissue is collected but unable to be submitted at the time of registration or any irAE recurrence, it may be submitted at a later time point. Submission of fresh tissue samples is not mandatory but strongly encouraged.
- 8. Additional or residual fresh tissue of any diagnostic biopsy from solid tissue or cytology preparation from a needle aspiration procedure (e.g., unstained cytospin slides or cell pellet of bronchoalveolar lavage or cerebrospinal fluid), performed to evaluate pathology related to a presumed irAE (e.g. myocarditis, colitis, hepatitis), which is subsequently formalin fixed (priority 2) and will be used for research purposes only. If the tissue is collected but unable to be submitted at the time of registration or any irAE recurrence, it may be submitted at a later timepoint. Submission of fresh tissue samples is not mandatory but strongly encouraged.
- 9. One stool sample obtained at each time point after registration. Stool sample collection is optional yet highly encouraged; these should be collected within 24 hours or at the time of next bowel movement. The sample may be collected at home and brought to the next clinic visit within 45 days of collection.

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- 10. Recurrence is defined as an irAE having resolved to grade 1 or 0, and subsequently the subject again experiencing that or any other irAe(s) at a grade level that would have been eligible for initial study registration. Blood samples should be collected within 96 hours of confirmation of any irAE recurrence. The recurrence time point applies only to patients consented after the release of update #02.
- 11. If additional or residual fresh tissue of diagnostic biopsy related to a presumed irAE or irAE recurrence is not available for submission, a representative fixed tissue block is requested. If tissue block cannot be supplied due to limited availability, stained slides including a hematoxylin and eosin (H&E) stained slide and any others produced for histopathologic diagnosis may be submitted to the Biorepository for digital slide scanning prior to being returned to the site. Alternatively, scanned slide image files of the stained slides in .SVS file format may be uploaded digitally to the Biorepository. Alternatively, 6 x 4-6 micron unstained slides AND 5 x 10 micron tissue scrolls may be submitted.
- 12. Representative fixed tissue from the diagnostic biopsy related to a presumed irAE or any irAE recurrence.
- 13. To be submitted ≤14 days after any irAE recurrence.

7. Biospecimen Collection Kits

- **7.1** To facilitate the proper collection and shipping of all biospecimens, biospecimen collection kits and materials will be provided. The cost of the kit and shipping the kit to the site will be paid for. The institution is expected to pay for shipping the kit with the biospecimens back to the Alliance Biorepository at Washington University in St. Louis via priority overnight shipping.
- 7.2 NOTE: Kits will be sent via FedEx at no additional cost to the participating institutions. Kits will not be sent via rush delivery service unless the participating institution provides their own FedEx® account number for express service. The study will not cover the cost for rush delivery of kits.
- **7.3** An initial biospecimen collection kit should be requested at time of trial activation so a kit is on-hand to collect biospecimens at the time a patient experiences an irAE.
- **7.4** Kits should be requested at least 10 working days in advance of the anticipated collection date. As many as 2 kits can be requested at one time. Since the collection materials (vacutainer tubes) have expiration dates, do not request kits more than 90 days prior to their anticipated use. All kits must be requested by using the BioMS system.

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- **7.5** Distributed kits will have a minimum shelf life of 90 days; unless precluded by the stability of a particular component.
- 7.6 Kit contents and specific instructions for use of the kit are provided in the kit box. During warm weather months (i.e. June—August), a refrigerated pack (not frozen) should be included in the shipment to maintain ambient temperature. When shipping during other months of the year, a room temperature pack should be included in the shipment.
- **7.7** Once a kit is received, do not discard the outer cardboard overwrap. The kit, containing biospecimens, is to be shipped back in the same box.
- **7.8** Please return all components of the kit, regardless of whether they have been used or not. Kits and kit components are recycled when possible, minimizing the kit cost.
- **7.9** Well in advance of collecting biospecimens, inspect the biospecimen collection kit to ensure that all components are present and not expired, particularly if the kit has been onsite for longer than 30 days.
- **7.10** Note that individual kit components that are expired, damaged, or missing cannot be replaced. The remedy is to order a complete, new kit. Please note in your request that you are replacing an expired or damaged kit.
- **7.11** Please return all kits that have expired or missing components. Return the ENTIRE kit using the cheapest possible shipping method at your expense. DO NOT DISCARD kits that have missing or expired components. Recycling kits keeps the cost of kit materials to a minimum. Please note that all out-going and incoming kits are tracked, and sites that have requested many more kits than they have returned will be charged for non-returned kits.
- **7.12** If a biospecimen collection component (e.g. vacutainer collection tube) is missing, damaged, or expired, the institution may substitute a like-kind collection tube from their own supply. However, note that while some kit components are generic (i.e. EDTA tubes), others are highly specialized (e.g. stool collection tubes) and probably are not available at the institution.

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- **7.13** Note that protocol requirements are based on blood volumes, not tube sizes. If the protocol requires the collection of 8 ml of whole blood, generally a 10 ml tube is provided in the kit for convenience. If desirable or necessary to collect 8 ml in 3 x 3 ml tubes (for example), that is permissible.
- **7.14** Because paraffin blocks or slides cut from such blocks may be requisitioned and received from the surgical pathology department at a different time than the day of procurement for other biospecimens, paraffin blocks or cut slides may be sent independently of other biospecimens using the following guidelines:
 - **7.14.1** There is no independent "kit" for submission of paraffin blocks or slides.
 - **7.14.2** Blocks and slides should be packaged to avoid breakage using a padded envelope or, preferably, a small Styrofoam container.
 - **7.14.3** During warm weather months, paraffin blocks and slides should be shipped in an insulated container that contains a refrigerant pack, to avoid heat > 25 degrees C (77 degrees F) that may melt paraffin and damage the tissue specimens.
 - **7.14.4** Blocks and slides may be shipped for standard overnight delivery according to institutional policies and using the preferred vendor.
- **7.15** Please see **Section 12 Biospecimen Shipping** for specific instructions on shipping to ABWUSTL.

8. Biospecimen Labeling and Tracking

8.1 All research biospecimens (vacutainer tubes, cryovials, and tissue bags) MUST be labeled with the Alliance patient ID number, patient initials (Last, First, Middle), the date and time (if applicable) of collection and specimen type (i.e. plasma, buffy coat).

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- 8.2 Surgical pathology tissue blocks should not be labeled in any manner. The institutional surgical pathology number (e.g. "S16-1234") and the individual block identifier (e.g. "A3") should be readable on the block. If tissue slides are being submitted instead of the block, each tissue section slide should be labeled with the Alliance patient ID number, institutional surgical pathology number, the block identifier, and the serial section number (if applicable). Provide a de-identified copy of the surgical pathology report, labeled with the Alliance patient ID number, corresponding to the blocks or slides submitted. Please ensure the institutional surgical pathology number and block ID are maintained on the surgical pathology report. See section 9 for additional details.
- **8.3** Label all containers and vials with an indelible, solvent-resistant marker when they are at ambient temperature.
- **8.4** Do not affix any labels to vials, slides or tubes. Label the collection containers directly with the marking pen.
- **8.5** All biospecimens that are collected and sent to the Alliance Biorepository must be **logged and tracked in BioMS**. The BioMS system is a web-based application that tracks the collection and shipping of biospecimens. Once individual biospecimens are logged and 'shipped' in the BioMS system, a packing manifest will be created by the system. This manifest must be printed out and must accompany all biospecimen shipments. To become familiar with the BioMS system and for further information about training, access, and use, please contact the BioMS Help desk at: 1-855-55-BIOMS or bioms@alliancenctn.org.

In the event that BioMS cannot be accessed, please complete a BioMS Specimen Log and Shipping Manifest form which can be found here- http://tinyurl.com/alliance-biomscontingency.

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9. Tissue Collection

9.1 Overview.

- **9.1.1** Please refer to protocol-specific instructions for procedures related to actual tissue procurement from individual participants. The method for research tissue procurement (needle core biopsy, sampling of surgically resected tumor, or tumor 'debulking') is dependent upon the disease site and the individual patient.
- **9.1.2** Regardless of the specific procedure used to obtain tissue, each individual tissue segment to be processed (i.e. frozen or fixed) must be 0.5 cm or less in one or more dimensions, to allow for rapid freezing or fixation.
- **9.1.3** In cases where a biopsy is performed and individual tissue segments are limiting, frozen tissue is the preferred method of preservation followed by formalin fixation. At least 3 cores, preferably with a 16 gauge needle, are requested to the extent clinically feasible.
- **9.1.4** Record the time when the tissue sample is first procured from the patient (i.e. via needle core biopsy, laparoscopic biopsy, or surgical resection) and the time at which the individual tissue segment is either frozen or placed into fixative. This time difference is warm ischemia time (WIT). The WIT should be less than 30 minutes, but even if it is not, accurate record keeping of this time is essential.
- 9.1.5 When procuring tissue biospecimens by any method, when possible, avoid tissue that is grossly necrotic, hemorrhagic, fatty, or fibrous. If in doubt, briefly (1 min or less) place the tissue segment in a sterile specimen cup containing physiologic (normal) saline to rinse the tissue. Necrotic, hemorrhagic, and fatty tissue will generally dissolve or float on the surface while tumor and parenchymal tissue will remain intact and sink to the bottom of the cup.

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9.1.6 Fresh tissue biospecimens collected for this protocol are for research purposes only and cannot be used for clinical management. Ensure that all tissue biospecimens needed for routine diagnostic standard of care are collected and deemed adequate PRIOR to submitting tissue specimens for this research study. No clinical pathology diagnosis will be rendered on submitted tissue biospecimens. Research tissue biospecimens (unlike diagnostic surgical pathology blocks- see section 9.2) will not be returned to the institution.

9.2 Diagnostic Pathology Fixed Tissue Blocks.

- **9.2.1** This protocol requests submission of one representative, diagnostic pathology, formalin fixed paraffin embedded block from the original primary tumor diagnostic biopsy or surgical resection specimen. Additional blocks are requested from irAE and irAE recurrence, if unable to submit fresh biopsy.
- 9.2.2 Any clinical surgical pathology block that is submitted for research studies will not be exhausted or rendered unsuitable for future diagnostic use. Any clinical surgical pathology block that is submitted will be returned within ten working days of written request, when needed for clinical management or clinical trial enrollment for a specific patient. Otherwise, all blocks will be returned to the submitting institution when the trial and correlative science study end points have been met.
- **9.2.3** In the event that an institution will not release a tissue block, the institution may instead submit stained slides including a H&E stained slide and any others produced for histopathologic diagnosis. Alternatively, sScanned slide image files of the stained slides in .SVS format may be uploaded to the Biorepository. See **sections 9.3** and **9.4**.
- 9.2.4 During warm weather months, paraffin blocks and slides should be shipped in an insulated container that contains a refrigerant pack, to avoid heat > 25 degrees C (77degrees F) that may melt paraffin and damage the tissue specimens.

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9.3 Stained Tissue Slides

- **9.3.1** In the event that it is not possible to submit the requested tissue block, then site should submit a Hematoxylin and Eosin (H&E) stained slide and any others produced for histopathologic diagnosis to the Biorepository for scanning.
- **9.3.2** Any stained slide submitted for scanning must be labeled as indicated in **section 8**.
- **9.3.3** Submitted slides will be scanned at the Alliance Biorepository and slides will be returned to the site within 14 days.
- **9.3.4** Deidentified, Scanned slide images will be stored, distributed, and used by approved investigators for future correlative studies involving histopathology image analysis.
- **9.3.5** Include a copy of a **de-identified** pathology report with all slide submissions.

9.4 Scanned Slide Images

- 9.4.1 In cases where institutions are unwilling or unable to submit the requested fixed tissue block or fixed tissue slides, scanned slide images of an H&E-stained slide and/or any other stained slides produced for histopathologic diagnosis required by the protocol may be submitted.
- **9.4.2** Scanned slide images will be uploaded via the Digital Pathology Image Portal (DPIP) in BioMS. Please see Appendix 1 for instructions on how to upload scanned slide images.
- **9.4.3** Unless otherwise specified in the protocol correlative science manual (CSM), scanned slide images must be created using an Aperio / Leica scanner at 40X magnification in an .SVS file format.

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- 9.4.4 <u>Scanned slide images should not contain PHI</u> (patient name, date of birth, institutional surgical pathology number). The slide scanner should be configured to crop or exclude any image of the slide label. Alternatively, post-processing of the slide image file should remove the slide label image from the SVS file. Images submitted with PHI or with the labels intact will not be accepted.
- 9.4.5 A digital de-identified pathology report (i.e. PDF file) must be included with all scanned slide image submissions, uploaded to BioMS. The surgical pathology number / accession number should be retained in order to correlate the report to the digital image specimen. The pathology report <u>must</u> also retain reference to individual block identifiers and must include the Alliance patient ID number and study ID so that each slide image can be correlated with the corresponding pathology report narrative. Please see Appendix 1 for instructions on how to upload the de-identified pathology report to BioMS.
- **9.4.6** The file name of the de-identified pathology report should correspond to the *Study ID*, *Alliance patient ID number*, and *last two digits of the institutional surgical pathology number* corresponding to the file name(s) assigned by DPIP.
- **9.4.7** Once the images have been uploaded, site staff should send an electronic copy of the manifest to alliance@email.wustl.edu.
- 9.4.8 Questions regarding appropriate image labeling, file naming conventions, and how to submit scanned slide images should be addressed to the Alliance Biorepository Protocol Management team (alliance@email.wustl.edu). Questions related to BioMS should be addressed to the BioMS help desk (bioms@alliancenctn.org)

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9.5 Fresh Tissue Biopsy-Frozen Tissue

- **9.5.1** Prior to procurement, prepare tissue for freezing by placing approximately six pounds of crushed dry ice into the bottom compartment of a Styrofoam cooler. Place a metal freezing plate on top of the dry ice and allow the surface of the plate to reach the approximate temperature of the dry ice.
 - **9.5.1.1** An alternative method is to use the freezing plate found on a pathology cryostat.
 - **9.5.1.2** An alternative method is to use a flat surface of a dry ice block.
 - **9.5.1.3** An alternative method is to use a commercially available Cryocooler (OPS Diagnostics) which uses a metal platform and a liquid nitrogen saturated "pillow" to achieve freezing temperatures of -130 degrees C.
 - **9.5.1.4** Do not freeze tissue by placing warm tissue in a -70 to -90 degree Celsius ultralow freezer.
 - **9.5.1.5** Do not freeze tissue using a dry ice ethanol bath.
 - **9.5.1.6** Do not freeze tissue by submersion in an isopentane cryobath.
- **9.5.2** Label one tissue cryomold for every tissue core that is to be frozen. Ensure that the cryomold(s) and tissue bag(s) are labeled with the Alliance patient ID number as instructed in **section 8**.
- **9.5.3** Working quickly, gently place the tissue length-wise in the mold. Place the cryomold on the level cold plate or flat, level surface of dry ice. Allow the tissue to freeze for 3-5 minutes.
- **9.5.4** Once frozen, quickly wrap the mold with the tissue block in cooled foil and place the block in the corresponding labeled tissue bag. Maintain the tissue block buried in dry ice, in a -70 to -90 degree C freezer, or in liquid nitrogen vapor (not liquid phase) until ready for shipment. Tissue should be shipped to the Biorepository as soon as possible following procurement.

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9.5.5 Repeat the above steps for each individual tissue core or biopsy specimen that is to be frozen.

9.6 Fresh Tissue Biopsy-Formalin Fixation

- **9.6.1** Label the formalin fixative vial with the Alliance patient ID number, as instructed in **section 8**. Be certain to record the date and time that the tissue is placed into the formalin vial.
- **9.6.2** Place the fresh tissue core into the vial and secure the lid with parafilm. Ensure that the tissue is completely submerged into the formalin fixative.
- **9.6.3** Store and ship the formalin fixed tissue at ambient temperature. If possible, to avoid prolonged fixation, ship the tissue on the same day it is collected.

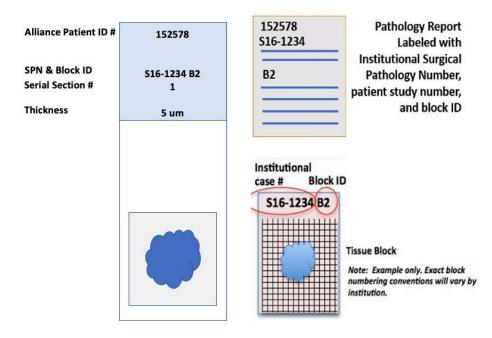
9.7 Unstained Tissue Slides and Tissue Sections from Diagnostic Biopsy Related to a Presumed irAE or irAE Recurrence ONLY

- 9.7.1 In the event that it is not possible to submit the requested fresh tissue biopsy, fixed tissue block or stained slides from the diagnostic biopsy related to a presumed irAE or irAE recurrence, a set of six (6) unstained slides <u>AND</u> five (5) serial tissue sections (scrolls, ribbons, curls) from the same block may be submitted as an alternative. This option applies to tissue from irAE or irAE recurrence ONLY.
- **9.7.2** Please follow the procedures below for submitting unstained tissue slides and tissue sections.

Quantity	Thickness	Туре	Purpose
6	4-6 um	Unstained slides	1 for H&E staining and scanning, others to be stored
5	10 um	Tissue sections	Molecular extraction

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- **9.7.3** Serial tissue sections should be cut fresh from the appropriate formalin fixed, paraffin embedded tissue block.
- **9.7.4** Ensure each slide or cryovial containing tissue sections is labeled with the Alliance patient ID number, the institutional surgical pathology number and block ID, and section thickness. Slides should additionally be labeled with slide serial section number (1, 2, 3, etc.).
- **9.7.5** Do not label slides with adhesive labels. Write or print information on textured surface of the slide with indelible, solvent-resistant ink.
- **9.7.6** Mount only one tissue section per slide. Make certain sections are placed on the painted/textured side of the slide.
- **9.7.7** When placing the sections onto slides, ensure that the tissue is placed on the bottom third of the slide. Ensure that each serial section from the block is placed in the same orientation on each slide.
- **9.7.8** See figure below for proper mounting and labeling.



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- **9.7.9** Include a copy of a **de-identified** pathology report with all slide submissions.
- 9.7.10 Cut a "ribbon" (scroll) of 5 paraffin tissue sections at 10 microns. Place the ribbon of tissue directly into a single microcentrifuge tube or any other suitable container. Do not add any water, PBS, or formalin to the tube. The tube should only contain the cut tissue embedded in paraffin. Do not float the tissue ribbon or sections in a water bath or heater as this may melt the paraffin and ruin the sample. Label the tube of tissue following the guidelines outlined above.

10. Blood Collection Methods

10.1 Plasma Processing

- **10.1.1** Collect 10 ml of whole blood by standard venous phlebotomy technique into the purple top (EDTA) tube. Invert tube 10 times.
- **10.1.2** Within 30 minutes of collection, spin the vacutainer tube at room temperature in a clinical centrifuge at 2500 xG for 15 minutes.
- **10.1.3** Carefully remove the plasma layer (~3—5 ml in volume), without touching the white, buffy coat layer, and transfer to a new 15 ml conical centrifuge tube. Keep the vacutainer tube containing the white, buffy coat layer for white blood cell isolation (section 10.2).
- **10.1.4** Spin the centrifuge tube containing plasma at room temperature in a clinical centrifuge at 2500 xG for 15 minutes.
- **10.1.5** Label 3 cryovials as instructed in **section 8**. Make certain each vial is labeled completely and identically.
- **10.1.6** Carefully remove 3 ml of plasma (without touching the pellet) and divide into 3, 2 ml labeled cryovials. Each aliquot should be between 1—1.5 ml in volume.
- **10.1.7** Freeze plasma containing cryovials on dry ice or a -70 to -90 degree Celsius ultralow freezer. Store at -70 to -90 degrees C until ready for shipment on dry ice. Frozen plasma should be shipped within 30 days of collection.

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10.2 "Buffy Coat" (White Blood Cell) Processing

- **10.2.1** Follow procedures in **section 10.1** for collecting and processing plasma from EDTA tube.
- **10.2.2** Label 2 cryovials as instructed in **section 8**.
- **10.2.3** After removing the plasma, carefully remove the white, "buffy coat" white blood cell layer, avoiding the red blood cell mass as much as possible.
- 10.2.4Transfer the buffy coat layer (approximately 0.2 0.5 ml) from EDTA tube into the labeled cryovials. Immediately freeze the cryovials of buffy coat on dry ice or in liquid nitrogen vapor. Do NOT freeze buffy coat cells by placing a warm tube in a -70 to -90 degree Celsius ultralow freezer. Once completely frozen, the cryovials containing the buffy coat cells may be stored at -70 to -90 degrees C until ready for shipment on dry ice. Frozen buffy coat should be shipped to the Biorepository within 30 days of collection.

10.3 Whole blood (EDTA- no processing)

- **10.3.1**Collect whole blood by standard venous phlebotomy technique into each of the EDTA tubes. Invert tubes 10 times.
- 10.3.2 Store EDTA tubes with whole blood at 4 degrees Celsius (i.e. refrigerated) until shipping. Do not freeze the tubes. Blood should be collected Monday—Thursday only. Due to required processing, the tubes MUST be received at the Biorepository within 24 hours of collection. Ensure that the EDTA tubes are shipped at ambient temperature to avoid freezing. During warm weather months (i.e. June—August), a refrigerated pack (not frozen) should be included in the shipment to maintain ambient temperature. When shipping during other months of the year, a room temperature pack should be included in the shipment.

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11. Stool Collection

- **11.1** Instruct patients to collect stool sample following guidelines in the study protocol.
- 11.2 After stool is collected, collection tube should be stored at room temperature. The stool sample must be received at the Biorepository within 45 days of collection. Ensure that the stool specimen is shipped at ambient temperature to avoid freezing. During warm weather months (i.e. June—August), a refrigerated pack (not frozen) should be included in the shipment to maintain ambient temperature. When shipping during other months of the year, a room temperature pack should be included in the shipment.

12. Biospecimen Shipping

12.1 Overview

- **12.1.1** Please see the Directions for Use (DFU) document that is included in each kit for specific directions on how to package and ship biospecimens.
- **12.1.2** Place the original, completed copy of the BioMS packing manifest in the shipment. If sending tissue, include a copy of the de-identified surgical pathology report. Do not send specimens without a completed BioMS Packing Manifest or substitute "BioMS Downtime Form." Biospecimens cannot be accepted without this completed form.
- 12.1.3 Frozen aliquots should be shipped to the Biorepository within 30 days of collection.

 Batch shipment of frozen aliquots is allowed. If sending specimens from multiple patients within a single shipment, please ensure all specimens are properly labeled and logged in the BioMS system. Specimens from each individual patient should be placed into their own biohazard bag that is clearly labeled with the Alliance patient ID number. The accompanying BioMS manifest should be sealed within each individual bag.

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12.1.4 All biospecimens should be shipped within the timeframes indicated above in **sections 9, 10 and 11**. If collected biospecimens cannot be shipped within the specified timeframe (e.g. Friday – Saturday or Holiday collections), please contact the Alliance Biorepository Program Manager: 1-314-747-4402 or alliance@email.wustl.edu for further instructions, at least 24 hours prior to anticipated collection.

12.1.5 Do not ship on Friday, Saturday, Sunday or the day before a nationally recognized holiday.

12.1.6Ship container for PRIORITY OVERNIGHT DELIVERY according to IATA guidelines and standard institutional policies and using the preferred vendor.

Ship to:

Alliance Biorepository at Washington University in St. Louis c/o Siteman Cancer Center Tissue Procurement Core Washington Univ. School of Medicine 425 S. Euclid Ave.
Room 5120
St. Louis, MO
63110-1005

Phone: 314-454-7615

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13. Biospecimen Receipt and Quality Assurance Measures

- **13.1** Upon receipt, all biospecimens will be accessioned into the TPC informatics system, OpenSpecimen.
- **13.2** All biospecimens will be logged, associated, and tracked by the unique patient biopsy control number.
- **13.3** Each individual biospecimen will receive and be physically labeled with a unique biospecimen identifier, associated with the biopsy control number in the TPC informatics system.
- **13.4** Upon receipt, all physical biospecimens received will be reconciled with what is recorded on the BioMS packing manifest. Any discrepancies noted will be communicated to the Program Manager who will contact the submitting site for reconciliation.
- **13.5** Upon receipt, any biospecimen received that is not in appropriate physical condition (broken vials, frozen samples that are thawed, ambient samples that are frozen) will be reported to the Program Manager, who will contact the submitting site for reconciliation.
- **13.6** Frozen tissues and aliquoted biofluids will be stored under liquid nitrogen vapor.
- **13.7** Fixed tissue biospecimens will be processed and embedded into paraffin using TPC standard operating procedures.
- **13.8** All biospecimens will remain in storage until additional processing or review is requested in writing by the appropriate protocol PI.

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14. Document History

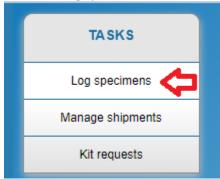
Version	Description and Justification of Change	Author	Effective Date
4.2	Updated digital image alternative instructions. Edited collection table formatting for clarity. Updated contact info for protocol coordinator.	KAL	02/01/2024
4.1	Added unstained slide and tissue scrolls alternative to tissue submission for irAEs.	KAL	10/15/2023
4.0	Added contact information table Updated collection schema footnotes Updated collection schema to include tissue submission (pre-reg vs reg) Added collection of tissue at recurrence Added instructions for how to submit WSI	KAL, PAA	10/15/2023
3.0	Removed cryopreserved tissue Updated biospecimen collection schedule to match updated protocol Include provisions for shipping during warm weather months Include alternatives to fresh tissue biopsy for irAE tissue Removed stool collection instructions and point sites to protocol	PAA	12/07/2021
2.0	Updated PM email Provided instructions for reduced blood collection Provided instructions for stained slides and scanned slide images Updated biopsy submission guidelines	PAA	10/14/2020
1.0	New	PAA	10/23/2019

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Appendix 1: Digital Pathology Image Portal Instructions

Please note that while the Study ID and specimen requirement title might be different than your study, the concept is still the same.

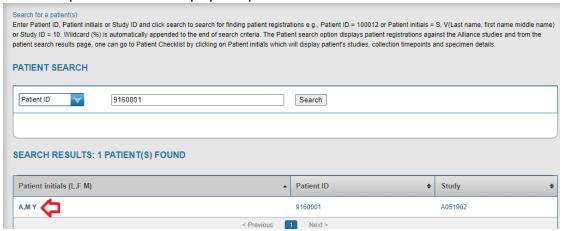
- 1. Login BioMS https://bioms.wustl.edu/bioms/login
- 2. Select "Log specimens" from the Task menu.



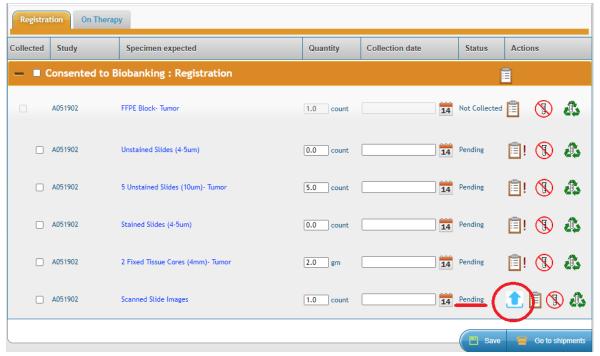
3. Enter the patient ID (obtained when registering the patient in OPEN), in the search field, select the matching ID from the drop-down list, click "Search."



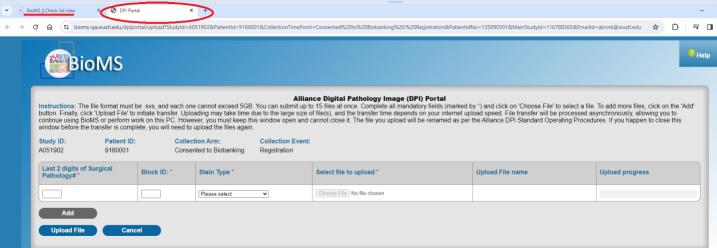
4. Click the patient initials to display the Specimen Checklist view.



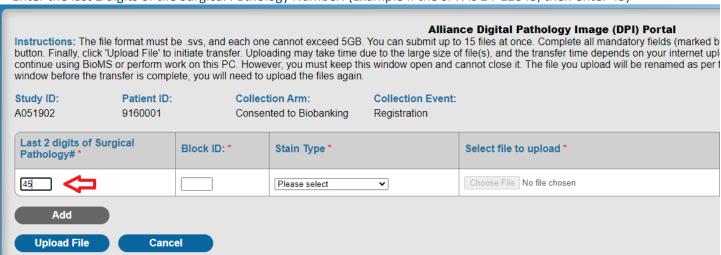
5. Click on the Alliance Digital Pathology Image (DPI) Portal Icon. Do not enter the slide count or collection date as only specimens in a "Pending" status can have images uploaded.



6. A new browser tab will open displaying the DPI Portal. This tab must remain open during the entire loading process. Closing the new browser will terminate the loading process.



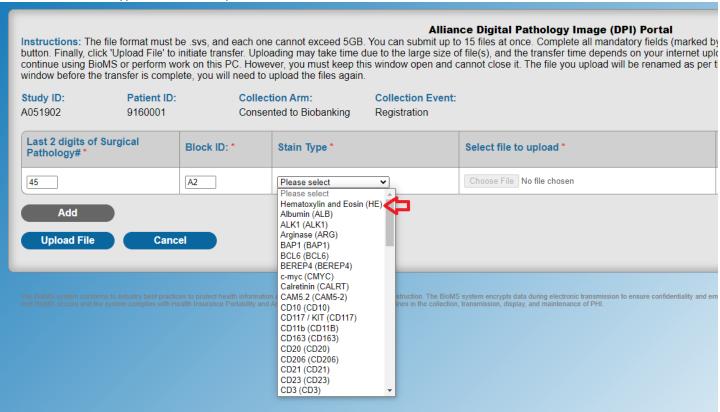
- 7. Please note the instructions at the top of the page. All files must be in .SVS format and cannot exceed 5GB
- 8. Enter the last 2 digits of the Surgical Pathology Number. (Example if the SPN is 24-12345, then enter 45)



9. Enter the block ID (Example: if the slide was cut from block A2 then scanned, enter A2)

Alliance Digital Pathology Image (DPI) Portal Instructions: The file format must be .svs, and each one cannot exceed 5GB. You can submit up to 15 files at once. Complete all mandatory fields (marked by button. Finally, click 'Upload File' to initiate transfer. Uploading may take time due to the large size of file(s), and the transfer time depends on your internet uplo continue using BioMS or perform work on this PC. However, you must keep this window open and cannot close it. The file you upload will be renamed as per the window before the transfer is complete, you will need to upload the files again. Patient ID: **Collection Event:** Study ID: Collection Arm: A051902 9160001 Consented to Biobanking Registration Last 2 digits of Surgical Block ID: * Stain Type * Select file to upload * Pathology# 3 Choose File No file chosen 45 A2| < Please select Add Upload File Cancel

10. Select the "Stain Type" from the drop-down list.



11. Click Choose File, the select the file from your computer directory.

Alliance Digital Pathology Image (DPI) Portal bmit up to 15 files at once. Complete all mandatory fields (

Instructions: The file format must be .svs, and each one cannot exceed 5GB. You can submit up to 15 files at once. Complete all mandatory fields (marked button. Finally, click 'Upload File' to initiate transfer. Uploading may take time due to the large size of file(s), and the transfer time depends on your internet up continue using BioMS or perform work on this PC. However, you must keep this window open and cannot close it. The file you upload will be renamed as per window before the transfer is complete, you will need to upload the files again.

Study ID: A051902	Patient ID: 9160001		tion Arm: nted to Biobanking	Collection Event: Registration	
Last 2 digits of Surg Pathology#*	jical	Block ID: *	Stain Type *		Select file to upload *
45		A2	Hematoxylin and Eosin	(HIV)	Choose File No file chosen
Add					
Upload File	Canc	el			

12. BioMS will then rename the file to the DPI format (StudyID_PatientID_Last2Digitsof SPN_BlockID_Stain Type .svs

Alliance Digital Pathology Image (DPI) Portal Instructions: The file format must be .svs, and each one cannot exceed 5GB. You can submit up to 15 files at once. Complete all mandatory fields (marked by *) and click on 'Choose File' to select a file. To add more files, click on the 'Add' button. Finally, click 'Upload File' to initiate transfer. Uploading may take time due to the large size of file(s), and the transfer time depends on your internet upload speed. File transfer will be processed asynchronously, allowing you to continue using BioMS or perform work on this PC. However, you must keep this window open and cannot close it. The file you upload will be renamed as per the Alliance DPI Standard Operating Procedures. If you happen to close this window before the transfer is complete, you will need to upload the files again. Study ID: Patient ID: Collection Arm: Collection Event: A051902 9160001 Consented to Biobanking Registration							
Last 2 digits of Surgical Pathology#	Block ID:	Stain Type	Select file to upload	Upload File name	Upload progress		
45	45 A2 Hematoxylin and Eosin (HI ▼ Choose File patient_1_HE svs A051902_9160001_45_A2_HE svs						
Add Upload File Cancel							

13. If there are additional files to load for the patient, click Add and repeat steps 8-11

button. Finally, click 'Upload continue using BioMS or per	File' to initiate tran	sfer. Uploading may take time due	Alliance Digital Pathology Image (DPI) Portal fou can submit up to 15 files at once. Complete all mandatory fields (marke to the large size of file(s), and the transfer time depends on your internet window open and cannot close it. The file you upload will be renamed as proceed to the control of the contr
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	0001	Consented to Biobanking	Registration
Last 2 digits of Surgical Pathology#*	Block ID: *	Stain Type *	Select file to upload *
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>		Please select 🔻	Choose File No file chosen
Add	-		
Upload File	Cancel		

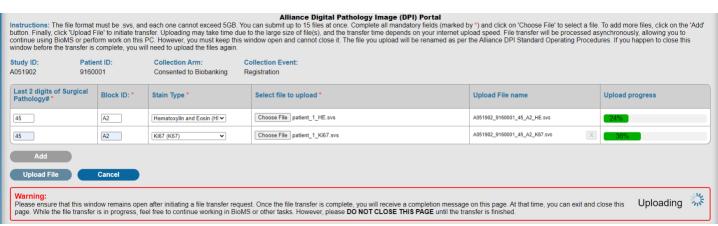
14. Once all files are selected, click "Upload File."

Alliance Digital Patho

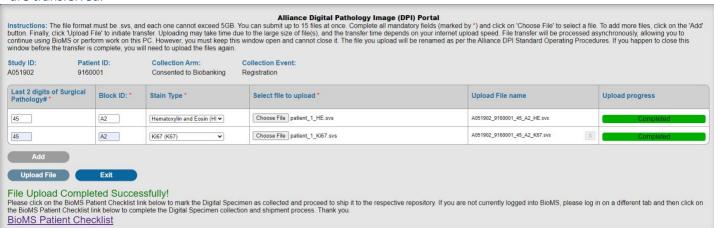
Instructions: The file format must be .svs, and each one cannot exceed 5GB. You can submit up to 15 files at once. C button. Finally, click 'Upload File' to initiate transfer. Uploading may take time due to the large size of file(s), and the tra continue using BioMS or perform work on this PC. However, you must keep this window open and cannot close it. The window before the transfer is complete, you will need to upload the files again.

Study ID: A051902	Patie 91600			Collection Event: Registration
Last 2 digits of Sur Pathology#*	gical	Block ID: *	Stain Type *	Select file to upload *
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45		A2	Ki67 (K67) ▼	Choose File patient_1_Ki67.svs
Add				
Upload File		Cancel		

15. BioMS will display a progress bar for each file. DO NOT close the DPI window as it will terminate the load process. Users can navigate to other windows during the load process.



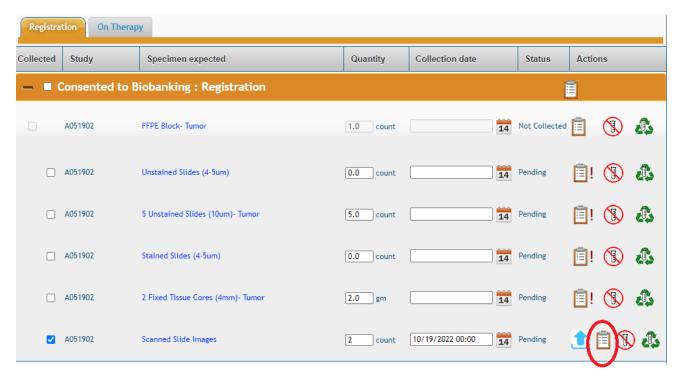
16. BioMS will display a successful message in the Alliance DPI portal and send an email to the user once all images are transferred.



- 17. The Alliance DPI portal window may now be closed.
- 18. Navigate back to the patient's check list view to now log the images as "collected."
- 19. Enter the number of images loaded in the "Quantity" field.
- 20. Enter the date of the procedure (biopsy, surgery) in the "Collection Date."

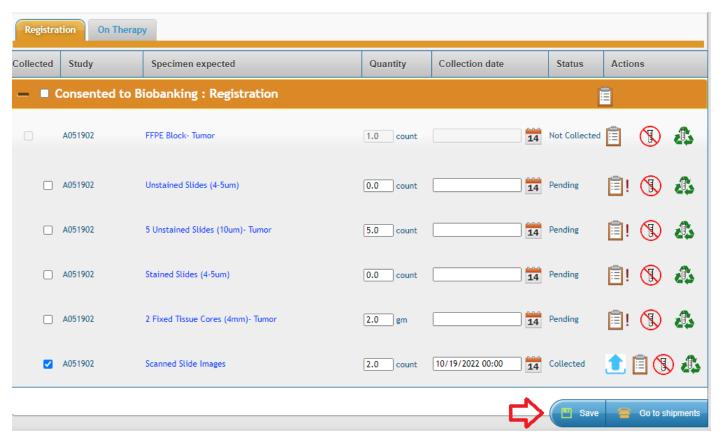


21. Click the "Clip board' icon to load a digital copy of the corresponding surgical pathology report.

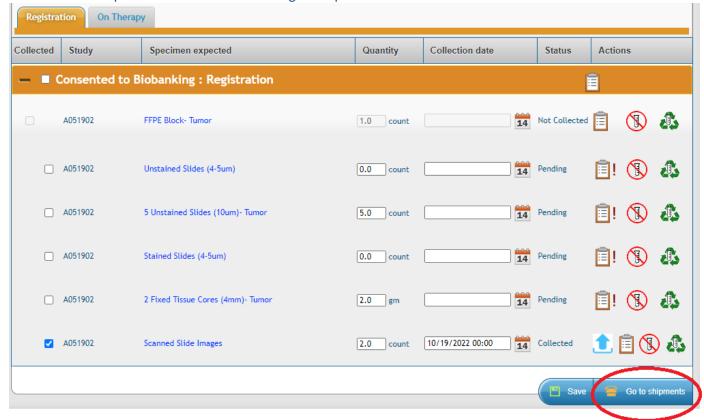


If you are submitting to	tissue from a pathology block, slides, cur	ls, etc. PLEASE
If you are submitting to remember to include report in your shipme	tissue from a pathology block, slides, cur a printed, de-identified copy of the corre nt.	ls, etc. PLEASE esponding patholog
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report in your shipme SPECIMEN ATTACHMENT Title	Attachment	
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SPECIMEN ATTACHMENT Title Path Report Patient 1	Attachment	
report in your shipme SPECIMEN ATTACHMENT Title	Attachment	

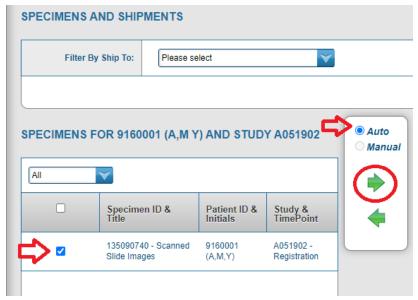
22. Click Save



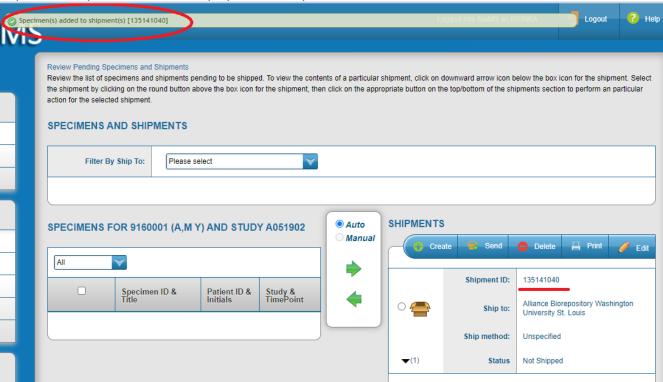
23. Click "Go To Shipments" to now create the digital shipment



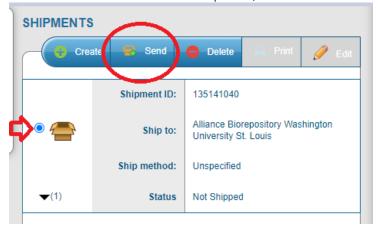
24. From the Manage Shipment page, check the box for the specimen requirement, leave the shipment default to "Auto" and click the green arrow pointing to the right.



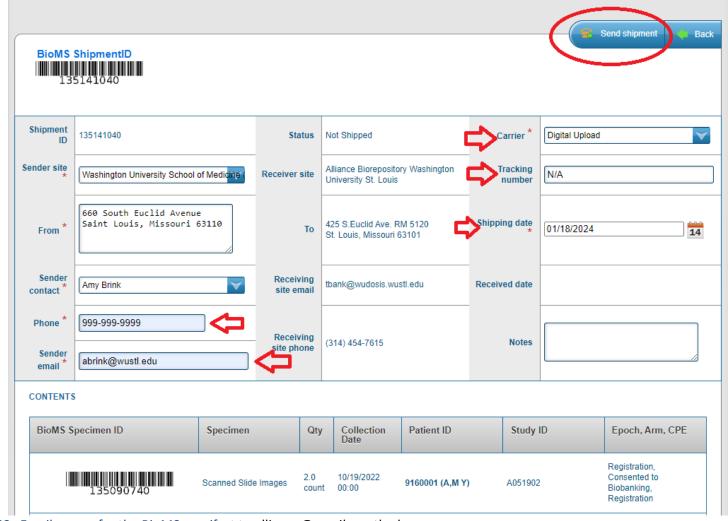
25. BioMS will move the specimen requirement into an appropriate shipment. The shipment ID containing the specimen requirement will be displayed at the top of the screen.



26. Click the radio button for the shipment, then click Send.



- 27. On the manifest page, enter your phone number, email address.
- 28. Select "Digital Upload" as the carrier.
- 29. Enter "N/A" for the tracking number.
- 30. Enter the date the images were transferred / uploaded as the shipment date.
- 31. Click Send Shipment.



32. Email a copy for the BioMS manifest to alliance@email.wustl.edu

For additional information and screen shots please visit

https://washu.atlassian.net/wiki/spaces/BP/pages/468844574/Alliance+Digital+Pathology+Image+Portal+DPI