

**Instructions: This form to be completed upon receipt of the National Disease Research Interchange (NDRI) Encyclopedia of DNA Elements (ENCODE) Recovery and Shipment Form (BSS ENCODE TRF) and VARI ENCODE Manifest.**

<b>ENCODE Public ID:</b>	<b>ENC-LQT</b>
<b>Age:</b>	54
<b>Gender:</b>	Male
<b>Cause of Death (Death Certificate):</b>	Anoxia

TISSUE TYPE	TISSUE LOCATION	SPECIMEN ID RANGE (ENC-___-XXX – ENC-___-XXX)**	*Interval between cardiac cessation and tissue collection (HH:MM)
<b>Skin - Leg</b>	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	ENC-LQT-209 – ENC-LQT-221	03:25
<b>Adipose</b>	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	ENC-LQT-248 – ENC-LQT-260	03:41
<b>Skeletal Muscle</b>	<input checked="" type="checkbox"/> Gastrocnemius (Preferred) 2 cm below patella <input type="checkbox"/> Other _____	ENC-LQT-274 – ENC-LQT-286	03:44
<b>Peripheral Nerve</b>	<input checked="" type="checkbox"/> Left Tibial <input type="checkbox"/> Right Tibial <input type="checkbox"/> Other _____	ENC-LQT-235 – ENC-LQT-247  240-247: 1 aliquot	03:31
<b>Peripheral Artery</b>	<input checked="" type="checkbox"/> Left Tibial <input type="checkbox"/> Right Tibial <input type="checkbox"/> Other _____	ENC-LQT-281 – ENC-LQT-299  295: 1 aliquot	03:48
<b>Spleen</b>	<input checked="" type="checkbox"/> Central Region <input type="checkbox"/> Other _____	ENC-LQT-001 – ENC-LQT-013	01:48
<b>Adrenal</b>	<input checked="" type="checkbox"/> Left (Preferred) <input type="checkbox"/> Right	ENC-LQT-014 – ENC-LQT-026	01:55
<b>Kidney - Cortex</b>	<input type="checkbox"/> Left Cortex (Preferred) <input type="checkbox"/> Right Cortex	TRANSPLANT	XX:XX
<b>Thyroid</b>	<input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right	ENC-LQT-183 – ENC-LQT-195	03:06
<b>Aorta</b>	<input type="checkbox"/> Ascending Region <input checked="" type="checkbox"/> Thoracic Region <input type="checkbox"/> Other _____	ENC-LQT-105 – ENC-LQT-117	02:41
<b>Heart - Anterior Left Ventricle</b>	<input type="checkbox"/> 1cm above apex 1cm from left descending coronary artery	TRANSPLANT	XX:XX
<b>Heart - Right Atrial Appendage</b>	<input type="checkbox"/> Tip of Right Atrium	TRANSPLANT	XX:XX
<b>Coronary Artery</b>	<input type="checkbox"/> Left <input type="checkbox"/> Right	TRANSPLANT	XX:XX



**GTEx ENCODE Tissue Recovery Form II  
(ENCODE TRF II)**

DM-0099-F1

VER. 5.0.2

Effective Date: TBD

Page  
2 of 2

TISSUE TYPE	TISSUE LOCATION	SPECIMEN ID RANGE (ENC-___-XXX – ENC-___-XXX)**	*Interval between cardiac cessation and tissue collection (HH:MM)
<b>Lung</b>	<input checked="" type="checkbox"/> Inferior Segment of Left Upper Lobe <input type="checkbox"/> Other _____	ENC-LQT-040 – ENC-LQT-052	02:06
<b>Liver</b>	<input type="checkbox"/> Central Right Lobe <input type="checkbox"/> Other _____	TRANSPLANT	XX:XX
<b>Esophagus – Mucosa</b>	<input checked="" type="checkbox"/> Squamous Region, 4 cm above GE junction <input type="checkbox"/> Other _____	ENC-LQT-066 – ENC-LQT-078	02:24
<b>Esophagus – Muscularis</b>	<input checked="" type="checkbox"/> Squamous Region, 4 cm above GE junction <input type="checkbox"/> Other _____	ENC-LQT-079 – ENC-LQT-091	02:26
<b>Gastroesophageal Junction</b>	<input checked="" type="checkbox"/> Muscularis Propria – lowest portion of esophagus just proximal to stomach	ENC-LQT-053 – ENC-LQT-065 061-065: 1 aliquot	02:21
<b>Stomach</b>	<input checked="" type="checkbox"/> Body <input type="checkbox"/> Other _____	ENC-LQT-092 – ENC-LQT-104	02:38
<b>Greater Omentum</b>	<input type="checkbox"/> Adipose tissue - Any (press and remove globular component)	ENC-LQT-131 – ENC-LQT-143	02:44
<b>Pancreas</b>	<input checked="" type="checkbox"/> Anterior Mid Portion (Not Tail) <input type="checkbox"/> Other _____	ENC-LQT-027 – ENC-LQT-039	01:59
<b>Skin – Suprapubic Area</b>	<input checked="" type="checkbox"/> Non-sun exposed, avoid pubic hair	ENC-LQT-118 – ENC-LQT-130 122-130: 1 aliquot	02:48
<b>Terminal Ileum - Lymphoid Tissue Peyer Patches</b>	<input checked="" type="checkbox"/> Thickened Mucosa just proximal to ileocecal valve (discard muscularis)	ENC-LQT-170 – ENC-LQT-182	03:15
<b>Colon – Transverse</b>	<input checked="" type="checkbox"/> Transverse – Full Thickness of Colonic Wall	ENC-LQT-261 – ENC-LQT-273	03:46
<b>Colon - Sigmoid</b>	<input checked="" type="checkbox"/> Muscularis Propria only	ENC-LQT-222 – ENC-LQT-234	03:33
<b>Mammary Tissue</b>	<input type="checkbox"/> Left <input checked="" type="checkbox"/> Right (Preferred)	ENC-LQT-196 – ENC-LQT-208	03:16
<b>Uterus</b>	<input type="checkbox"/> Corpus <input type="checkbox"/> Other _____	MALE	XX:XX
<b>Ovary</b>	<input type="checkbox"/> Left <input type="checkbox"/> Right	MALE	XX:XX
<b>Vagina</b>	<input type="checkbox"/> Anterior (Preferred) <input type="checkbox"/> Posterior	MALE	XX:XX
<b>Prostate Gland</b>	<input checked="" type="checkbox"/> Non-nodular grossly normal (avoid seminal vesicles) <input type="checkbox"/> Other _____	ENC-LQT-144 – ENC-LQT-156	02:51
<b>Testis</b>	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	ENC-LQT-157 – ENC-LQT-169	03:01
<b>Total tissues collected: <u>23</u></b>		<b>Total cryosettes: <u>299</u></b> <b>Total aliquots: <u>575</u></b>	

**COMMENTS:**

\* Time first aliquot of a given ENCODE tissue is preserved on dry ice – Actual witnessed time of death

\*\* Individual cryosettes contain 2 aliquots unless otherwise specified.