



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

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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.

ENCODE Public ID:	ENC-DEJ
Age:	51
Gender:	Female
Cause of Death (Death Certificate):	Cerebral Vascular Accident

TISSUE TYPE	TISSUE LOCATION	SPECIMEN ID RANGE (ENC-DEJ-XXX – ENC-DEJ-XXX)**	*Interval between cardiac cessation and tissue collection (HH:MM)
Skin - Leg	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	ENC-DEJ-014 – ENC-DEJ-026	5:43
Adipose	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	ENC-DEJ-001 – ENC-DEJ-013	5:24
Skeletal Muscle	<input checked="" type="checkbox"/> Gastrocnemius (Preferred) 2 cm below patella <input type="checkbox"/> Other _____	ENC-DEJ-050 – ENC-DEJ-062	6:10
Peripheral Nerve	<input checked="" type="checkbox"/> Left Tibial <input type="checkbox"/> Right Tibial <input type="checkbox"/> Other _____	ENC-DEJ-027 – ENC-DEJ-039 038-039: 1 aliquot	5:50
Peripheral Artery	<input checked="" type="checkbox"/> Left Tibial <input type="checkbox"/> Right Tibial <input type="checkbox"/> Other _____	ENC-DEJ-040 – ENC-DEJ-049 040-049: 1 aliquot	5:58
Spleen	<input checked="" type="checkbox"/> Central Region <input type="checkbox"/> Other _____	ENC-DEJ-102 – ENC-DEJ-114	6:58
Adrenal	<input checked="" type="checkbox"/> Left (Preferred) <input type="checkbox"/> Right	ENC-DEJ-089 – ENC-DEJ-101 089-101: 1 aliquot	6:35
Kidney - Cortex	<input type="checkbox"/> Left Cortex (Preferred) <input type="checkbox"/> Right Cortex	TRANSPLANT	XX:XX
Thyroid	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	ENC-DEJ-076 – ENC-DEJ-088 077-088: 1 aliquot	6:30
Aorta	<input checked="" type="checkbox"/> Ascending Region <input type="checkbox"/> Thoracic Region <input type="checkbox"/> Other _____	ENC-DEJ-154 – ENC-DEJ-166	7:24
Heart - Anterior Left Ventricle	<input checked="" type="checkbox"/> 1cm above apex 1cm from left descending coronary artery	ENC-DEJ-193 – ENC-DEJ-205	7:43
Heart - Right Atrial Appendage	<input checked="" type="checkbox"/> Tip of Right Atrium	ENC-DEJ-180 – ENC-DEJ-192 188-192: 1 aliquot	7:35
Coronary Artery	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	ENC-DEJ-219 – ENC-DEJ-226 219-226: 1 aliquot	8:04



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TISSUE TYPE	TISSUE LOCATION	SPECIMEN ID RANGE (ENC-___-XXX – ENC-___-XXX)**	*Interval between cardiac cessation and tissue collection (HH:MM)
Lung	<input checked="" type="checkbox"/> Inferior Segment of Left Upper Lobe <input type="checkbox"/> Other _____	ENC-DEJ-128 – ENC-DEJ-140	7:16
Liver	<input type="checkbox"/> Central Right Lobe <input type="checkbox"/> Other _____	TRANSPLANT	XX:XX
Esophagus – Mucosa	<input checked="" type="checkbox"/> Squamous Region, 4 cm above GE junction <input type="checkbox"/> Other _____	ENC-DEJ-262 – ENC-DEJ-273	8:31
Esophagus – Muscularis	<input checked="" type="checkbox"/> Squamous Region, 4 cm above GE junction <input type="checkbox"/> Other _____	ENC-DEJ-227 – ENC-DEJ-239 233-239: 1 aliquot	8:15
Gastroesophageal Junction	<input checked="" type="checkbox"/> Muscularis Propria – lowest portion of esophagus just proximal to stoDEJh	ENC-DEJ-253 – ENC-DEJ-261 253-261: 1 aliquot	8:19
Stomach	<input checked="" type="checkbox"/> Body <input type="checkbox"/> Other _____	ENC-DEJ-287 – ENC-DEJ-299	8:48
Greater Omentum	<input checked="" type="checkbox"/> Adipose tissue - Any (press and remove globular component)	ENC-DEJ-115 – ENC-DEJ-127	7:00
Pancreas	<input checked="" type="checkbox"/> Anterior Mid Portion (Not Tail) <input type="checkbox"/> Other _____	ENC-DEJ-141 – ENC-DEJ-153	7:12
Skin – Suprapubic Area	<input checked="" type="checkbox"/> Non-sun exposed, avoid pubic hair	ENC-DEJ-063 – ENC-DEJ-075	6:22
Terminal Ileum - Lymphoid Tissue Peyer Patches	<input checked="" type="checkbox"/> Thickened Mucosa just proximal to ileocecal valve (discard muscularis)	ENC-DEJ-274 – ENC-DEJ-286	8:34
Colon – Transverse	<input checked="" type="checkbox"/> Transverse – Full Thickness of Colonic Wall	ENC-DEJ-300 – ENC-DEJ-312	8:52
Colon - Sigmoid	<input checked="" type="checkbox"/> Muscularis Propria only	ENC-DEJ-326 – ENC-DEJ-338	9:06
Mammary Tissue	<input type="checkbox"/> Left <input checked="" type="checkbox"/> Right (Preferred)	ENC-DEJ-167 – ENC-DEJ-179	7:25
Uterus	<input checked="" type="checkbox"/> Corpus <input type="checkbox"/> Other _____	ENC-DEJ-240 – ENC-DEJ-252	8:17
Ovary	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	ENC-DEJ-313 – ENC-DEJ-325 313-325: 1 aliquot	8:54
Vagina	<input checked="" type="checkbox"/> Anterior (Preferred) <input type="checkbox"/> Posterior	ENC-DEJ-206 – ENC-DEJ-218	8:02
Prostate Gland	<input type="checkbox"/> Non-nodular grossly normal (avoid seminal vesicles) <input type="checkbox"/> Other _____	FEMALE	XX:XX
Testis	<input type="checkbox"/> Left <input type="checkbox"/> Right	FEMALE	XX:XX
Total tissues collected: <u>27</u>		Total cryosettes: <u>338</u> Total aliquots: <u>595</u>	

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**