



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

DM-0099-F1

VER. 5.0.1

Effective Date: TBD

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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-QWZ
Age:	37
Gender:	Male
Cause of Death (Death Certificate):	Anoxia

TISSUE TYPE	TISSUE LOCATION	SPECIMEN ID RANGE (ENC-QWZ-XXX – ENC-QWZ-XXX)	*Interval between cardiac cessation and tissue collection (HH:MM)
Skin - Leg	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	ENC-QWZ-111 - ENC-QWZ-121	03:10
Adipose	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	ENC-QWZ-094 - ENC-QWZ-106	03:00
Skeletal Muscle	<input checked="" type="checkbox"/> Gastrocnemius (Preferred) 2 cm below patella <input type="checkbox"/> Other _____	ENC-QWZ-122 - ENC-QWZ-134	03:20
Peripheral Nerve	<input checked="" type="checkbox"/> Left Tibial <input type="checkbox"/> Right Tibial <input type="checkbox"/> Other _____	ENC-QWZ-166 - ENC-QWZ-171	03:34
Peripheral Artery	<input checked="" type="checkbox"/> Left Tibial <input type="checkbox"/> Right Tibial <input type="checkbox"/> Other _____	ENC-QWZ-172 - ENC-QWZ-176	03:34
Spleen	<input checked="" type="checkbox"/> Central Region <input type="checkbox"/> Other _____	ENC-QWZ-035 - ENC-QWZ-047	02:19
Adrenal	<input checked="" type="checkbox"/> Left (Preferred) <input type="checkbox"/> Right	ENC-QWZ-027 - ENC-QWZ-034	02:15
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-QWZ-089 - ENC-QWZ-093	02:56
Aorta	<input type="checkbox"/> Ascending Region <input checked="" type="checkbox"/> Thoracic Region <input type="checkbox"/> Other _____	ENC-QWZ-014 - ENC-QWZ-026	02:11
Heart - Anterior Left Ventricle	<input type="checkbox"/> 1cm above apex 1cm from left descending coronary artery	TRANSPLANT	XX:XX
Heart - Right Atrial Appendage	<input type="checkbox"/> Tip of Right Atrium	TRANSPLANT	XX:XX
Coronary Artery	<input type="checkbox"/> Left <input type="checkbox"/> Right	TRANSPLANT	XX:XX



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TISSUE TYPE	TISSUE LOCATION	SPECIMEN ID RANGE (ENC-QWZ-XXX – ENC-QWZ-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-QWZ-177 - ENC-QWZ-189	03:44
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-QWZ-133 - ENC-QWZ-142	03:22
Esophagus – Muscularis	<input checked="" type="checkbox"/> Squamous Region, 4 cm above GE junction <input type="checkbox"/> Other _____	ENC-QWZ-143 - ENC-QWZ-148	03:23
Gastroesophageal Junction	<input checked="" type="checkbox"/> Muscularis Propria – lowest portion of esophagus just proximal to stomach	ENC-QWZ-149 - ENC-QWZ-152	03:24
Stomach	<input checked="" type="checkbox"/> Body <input type="checkbox"/> Other _____	ENC-QWZ-153 - ENC-QWZ-165	03:34
Greater Omentum	<input checked="" type="checkbox"/> Adipose tissue - Any (press and remove globular component)	ENC-QWZ-055 - ENC-QWZ-067	02:36
Pancreas	<input checked="" type="checkbox"/> Anterior Mid Portion (Not Tail) <input type="checkbox"/> Other _____	ENC-QWZ-001 - ENC-QWZ-013	02:08
Skin – Suprapubic Area	<input checked="" type="checkbox"/> Non-sun exposed, avoid pubic hair	ENC-QWZ-048 - ENC-QWZ-054	02:32
Terminal Ileum - Lymphoid Tissue Peyer Patches	<input checked="" type="checkbox"/> Thickened Mucosa just proximal to ileocecal valve (discard muscularis)	ENC-QWZ-213 - ENC-QWZ-217	04:09
Colon – Transverse	<input checked="" type="checkbox"/> Transverse – Full Thickness of Colonic Wall	ENC-QWZ-200 - ENC-QWZ-212	04:06
Colon - Sigmoid	<input checked="" type="checkbox"/> Muscularis Propria only	ENC-QWZ-190 - ENC-QWZ-199	03:57
Mammary Tissue	<input type="checkbox"/> Left <input checked="" type="checkbox"/> Right (Preferred)	ENC-QWZ-107 - ENC-QWZ-110	03:00
Uterus	<input type="checkbox"/> Corpus <input type="checkbox"/> Other _____	MALE	XX:XX
Ovary	<input type="checkbox"/> Left <input type="checkbox"/> Right	MALE	XX:XX
Vagina	<input type="checkbox"/> Anterior (Preferred) <input type="checkbox"/> Posterior	MALE	XX:XX
Prostate Gland	<input checked="" type="checkbox"/> Non-nodular grossly normal (avoid seminal vesicles) <input type="checkbox"/> Other _____	ENC-QWZ-068 - ENC-QWZ-080	02:46
Testis	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	ENC-QWZ-081 - ENC-QWZ-088	02:51
Total tissues collected: <u>23</u>		Total cryosettes: <u>217</u> Total aliquots: <u>434</u>	

COMMENTS:

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