



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

DM-0099-F1

VER. 5.0.2

Effective Date: TBD

Page  
1 of 2

*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-MAC</b>
<b>Age:</b>	53
<b>Gender:</b>	Female
<b>Cause of Death (Death Certificate):</b>	Cerebral Vascular Accident

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-MAC-306 – ENC-MAC-318	06:22
<b>Adipose</b>	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	ENC-MAC-293 – ENC-MAC-305	06:14
<b>Skeletal Muscle</b>	<input checked="" type="checkbox"/> Gastrocnemius (Preferred) 2 cm below patella <input type="checkbox"/> Other _____	ENC-MAC-319 – ENC-MAC-331	06:40
<b>Peripheral Nerve</b>	<input checked="" type="checkbox"/> Left Tibial <input type="checkbox"/> Right Tibial <input type="checkbox"/> Other _____	ENC-MAC-345 – ENC-MAC-357	07:02
<b>Peripheral Artery</b>	<input checked="" type="checkbox"/> Left Tibial <input type="checkbox"/> Right Tibial <input type="checkbox"/> Other _____	ENC-MAC-332 – ENC-MAC-344	06:56
<b>Spleen</b>	<input checked="" type="checkbox"/> Central Region <input type="checkbox"/> Other _____	ENC-MAC-001 – ENC-MAC-013	01:48
<b>Adrenal</b>	<input checked="" type="checkbox"/> Left (Preferred) <input type="checkbox"/> Right	ENC-MAC-027 – ENC-MAC-039	02:18
<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-MAC-144 – ENC-MAC-156	03:52
<b>Aorta</b>	<input checked="" type="checkbox"/> Ascending Region <input type="checkbox"/> Thoracic Region <input type="checkbox"/> Other _____	ENC-MAC-079 – ENC-MAC-091	02:55
<b>Heart - Anterior Left Ventricle</b>	<input checked="" type="checkbox"/> 1cm above apex 1cm from left descending coronary artery	ENC-MAC-131 – ENC-MAC-143	03:32
<b>Heart - Right Atrial Appendage</b>	<input checked="" type="checkbox"/> Tip of Right Atrium	ENC-MAC-105 – ENC-MAC-117	03:24
<b>Coronary Artery</b>	<input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right	ENC-MAC-092 – ENC-MAC-104	03:17



## GTE<sub>x</sub> 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-MAC-014 – ENC-MAC-026	02:03
<b>Liver</b>	<input checked="" type="checkbox"/> Central Right Lobe <input type="checkbox"/> Other _____	ENC-MAC-066 – ENC-MAC-078	02:46
<b>Esophagus – Mucosa</b>	<input checked="" type="checkbox"/> Squamous Region, 4 cm above GE junction <input type="checkbox"/> Other _____	ENC-MAC-179 – ENC-MAC-191	04:11
<b>Esophagus – Muscularis</b>	<input checked="" type="checkbox"/> Squamous Region, 4 cm above GE junction <input type="checkbox"/> Other _____	ENC-MAC-157 – ENC-MAC-169	04:00
<b>Gastroesophageal Junction</b>	<input checked="" type="checkbox"/> Muscularis Propria – lowest portion of esophagus just proximal to stomach	ENC-MAC-170 – ENC-MAC-178	04:08
<b>Stomach</b>	<input checked="" type="checkbox"/> Body <input type="checkbox"/> Other _____	ENC-MAC-218 – ENC-MAC-230	04:24
<b>Greater Omentum</b>	<input checked="" type="checkbox"/> Adipose tissue - Any (press and remove globular component)	ENC-MAC-053 – ENC-MAC-065	02:43
<b>Pancreas</b>	<input checked="" type="checkbox"/> Anterior Mid Portion (Not Tail) <input type="checkbox"/> Other _____	ENC-MAC-040 – ENC-MAC-052	02:32
<b>Skin – Suprapubic Area</b>	<input checked="" type="checkbox"/> Non-sun exposed, avoid pubic hair	ENC-MAC-118 – ENC-MAC-130	03:20
<b>Terminal Ileum - Lymphoid Tissue Peyer Patches</b>	<input checked="" type="checkbox"/> Thickened Mucosa just proximal to ileocecal valve (discard muscularis)	ENC-MAC-241 – ENC-MAC-253	04:43
<b>Colon – Transverse</b>	<input checked="" type="checkbox"/> Transverse – Full Thickness of Colonic Wall	ENC-MAC-192 – ENC-MAC-204	04:13
<b>Colon - Sigmoid</b>	<input checked="" type="checkbox"/> Muscularis Propria only	ENC-MAC-254 – ENC-MAC-266	04:39
<b>Mammary Tissue</b>	<input type="checkbox"/> Left <input checked="" type="checkbox"/> Right (Preferred)	ENC-MAC-205 – ENC-MAC-217	04:18
<b>Uterus</b>	<input checked="" type="checkbox"/> Corpus <input type="checkbox"/> Other _____	ENC-MAC-280 – ENC-MAC-292	05:13
<b>Ovary</b>	<input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right	ENC-MAC-267 – ENC-MAC-279	05:09
<b>Vagina</b>	<input checked="" type="checkbox"/> Anterior (Preferred) <input type="checkbox"/> Posterior	ENC-MAC-231 – ENC-MAC-240	04:34
<b>Prostate Gland</b>	<input type="checkbox"/> Non-nodular grossly normal (avoid seminal vesicles) <input type="checkbox"/> Other _____	FEMALE	XX:XX
<b>Testis</b>	<input type="checkbox"/> Left <input type="checkbox"/> Right	FEMALE	XX:XX
<b>Total tissues collected: <u>28</u></b>		<b>Total cryosettes: <u>357</u></b> <b>Total aliquots: <u>714</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**