



# Lunch with OPTIMA

## Tissue Transit form training

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# OPTIMA Tissue Transit form v9.0



Page 1

Contains all the information the central lab needs for prognosis testing



## OPTIMA TISSUE TRANSIT FORM

PLEASE READ THE INSTRUCTIONS OVERLEAF BEFORE COMPLETING THIS FORM AND SENDING THE TUMOUR BLOCK.

**SITE DETAILS**

Referring hospital:  Caution: For patients treated at more than one hospital, take care to include all information about the number of involved nodes and use of presurgical endocrine therapy.

Pathology hospital:  (if different):

Contact name:  Contact telephone:

**PARTICIPANT DETAILS**

Trial Number:  Initials:  Date of birth: --

**CONFIRMATION OF PARTICIPANT CONSENT**

I confirm this patient has given informed consent to take part in the OPTIMA trial: Yes  No

Has this patient agreed to donate the remainder of their sample for future research? \* Yes  No

\* Leave blank if initial verbal consent has been received – please complete once full consent is received

Name:  Sign:  Date:

**NUMBER OF TUMOURS BLOCKS SUBMITTED FOR THIS PARTICIPANT**

Number of tumour blocks submitted (in total) from the LEFT breast:  Form number:  of

Number of tumour blocks submitted (in total) from the RIGHT breast:  (if more than 1 block submitted)

**PRESURGICAL ENDOCRINE THERAPY**

Did this patient have pre-surgical endocrine therapy? Yes  No  If yes, please send a sample from the core biopsy. If no, please send a sample from the main excision.

**TUMOUR BLOCK DETAILS**

Full histology number for this specimen:

Specific code/letter/number of this block (e.g. 1A):

Breast this block is from: LEFT  RIGHT

Date of surgery / biopsy when this block was collected: --

Invasive tumour size (mm) of the lesion that this sample was taken from: --

**CONFIRMATION OF NODAL STATUS**

Number of involved nodes (for this breast) across all surgeries:  Please count both macrometastasis and micrometastasis

**ROYAL MAIL TRACKING INFORMATION**

Tracking code (e.g. AA 1111 1111 1AA):

Date and approximate time sample despatched: Date:  Time:

**FORM COMPLETED BY**

Name:  Date:


Signature:

OPTIMA Tissue Transit Form – Version 9.0, 26 Apr 2021



Page 2

Contains guidance on how to complete the Tissue Transit form



## OPTIMA TISSUE TRANSIT FORM

**COMPLETING THE TISSUE TRANSIT FORM:**

**THIS FORM MUST BE COMPLETED WHEN SENDING A TUMOUR BLOCK TO THE OPTIMA TRIAL CENTRAL LABORATORY.**

**PLEASE CONSULT THE OPTIMA SITE SAMPLE COLLECTION SOP FOR MORE DETAILED INSTRUCTIONS.**

<b>Confirmation of participant consent and tumour block donation</b>	This section can be confirmed / signed by anyone on your Site Delegation Log. - If <b>full Written Consent</b> is given prior to randomisation, please complete both questions. - If only <b>Initial Remote Verbal Consent</b> was given, please leave the question on tumour block donation blank. Complete this as soon as full written consent is received and send the updated Tissue Transit form to the OPTIMA Trial Office and HSL-AD. <b>DO NOT send any completed consent forms to WCTU or HSL-AD.</b>
<b>Number of blocks submitted</b>	Please provide the <u>number</u> of blocks sent, not just a "tick". - If sending multiple blocks, please complete a <u>separate form for each block</u> .
<b>Presurgical Endocrine Therapy</b>	- For patients who have had <b>pre-surgical endocrine therapy</b> , please send a <u>core biopsy</u> sample (one from each significant lesion). - For patients who have <b>not had pre-surgical endocrine therapy</b> , please send a sample from the main excision (one from each significant lesion).
<b>Tumour block details*</b>	This information is relating to the specific block submitted to HSL-AD. The 'invasive tumour size' means the invasive size of the tumour from which the block taken.
<b>Confirmation of nodal status*</b>	This should be the <u>total number of involved nodes</u> in the relevant breast (macro- and micro-metastases). Take care to include all information where treatment has been split across hospitals. This should match the stratification information provided on the randomisation form.
<b>Royal mail tracking information</b>	Add the information from the Royal Mail Special Delivery envelope for tracking purposes.
<b>Form completed by</b>	Each Tissue Transit form must be checked and signed by a trial investigator or pathologist who is a member of the breast MDT <u>and</u> who is delegated "Completion of Tissue Transit Form" as per your Site Delegation Log.

\*NB: any amendments to these sections **must** be confirmed (initial and dated) by someone who is delegated to "Completion of Tissue Transit Form" as per your sites Delegation Log.

**SENDING THE BLOCK TO HSL-AD:**

**REMEMBER: prior to posting, email a copy of the completed Tissue Transit form(s) and copies of all anonymised pathology reports to the OPTIMA trial office [OPTIMA@warwick.ac.uk](mailto:OPTIMA@warwick.ac.uk). WCTU need a copy of all reports to check the information before allocation can occur.**

- Enclose with this form all applicable pathology reports (include core biopsies, excision and axillary surgeries) with the block.
- Send the Tissue Transit form, partially anonymised pathology reports and FFPE block to the central laboratory in a pre-paid Royal Mail Special Delivery envelope provided.

**REMEMBER: ALL PATHOLOGY REPORTS SHOULD BE APPROPRIATELY REDACTED:**

Please do not redact:

- ✓ Hospital Name / Hospital headed paper
- ✓ Histopathology number(s) – must be visible on at least 1 page of the report
- ✓ Participant's date of birth – if the date of birth is redacted in error, this can be handwritten on the report.

All other patient identifiable data (name, address NHS and hospital numbers etc) should be fully redacted before the report is sent to the Trial Office / HSL-AD.

Each page of the pathology report(s) should be labelled so that WCTU and HSL-AD can verify which participant the report(s) belong to:

- ✓ Participant's initials
- ✓ Trial Number (TNO)

} These can be handwritten on to the report

Each page should have at least 2 identifiers included (one of which must be the TNO or initials), to allow us to check the reports against the correct participant records.

OPTIMA Tissue Transit Form – Version 9.0, 26 Apr 2021

# Section 1:

## Site details and Patient Information

**PLEASE READ THE INSTRUCTIONS OVERLEAF BEFORE COMPLETING THIS FORM AND SENDING THE TUMOUR BLOCK.**

**SITE DETAILS**

Referring hospital:

Pathology hospital:  
(if different):

Contact name:  Contact telephone:

**PARTICIPANT DETAILS**

Trial Number:  Initials:  Date of birth: --  
d d m m m y y y y

**CONFIRMATION OF PARTICIPANT CONSENT**

I confirm this patient has given informed consent to take part in the OPTIMA trial: Yes  No

Has this patient agreed to donate the remainder of their sample for future research?\*

\*Leave blank if initial verbal consent has been received – please complete once full consent is received

Yes  No

Name:  Sign:  Date:

**Caution: For patients treated at more than one hospital, take care to include all information about the number of involved nodes and use of presurgical endocrine therapy.**

# Section 1: Site details and Patient Information

- ▶ **Referring Hospital:** Should be the Site where the patient was randomised
- ▶ **Pathology Hospital:** Only needs to be completed if the sample has been sent to HSL-AD from a different Site (i.e. pathology dept. is in another hospital)
- ▶ **Contact Name:** This is the person we will contact if we need further guidance. Ordinarily, this would be the Main Site Contact.
- ▶ **Patient Details:** These are critical for checking the paperwork is for the correct patient.
- ▶ **Confirmation of consent:** This section is confirmation that a consent form has been received (either full written or initial verbal consent). It is not, itself, consent so does not need to be signed by someone who is permitted to take consent for OPTIMA.
- ▶ **Confirmation of consent:** If the patient has given initial verbal consent, the second consent statement can be left blank until full consent is received.



# Section 1: Site details and Patient Information

It is not unusual for the Main Site Contact to complete this section of the form before passing over to Pathology to complete the rest of the information.

Changes to this section can be confirmed / corrected by anyone on your Sites Delegation log and do not need to be countersigned by someone who has 'completion of Tissue Transit form' delegated to them.

**PLEASE READ THE INSTRUCTIONS OVERLEAF BEFORE COMPLETING THIS FORM AND SENDING THE TUMOUR BLOCK.**

**SITE DETAILS**

Referring hospital:

Pathology hospital:   
(if different):

Contact name:  Contact telephone:

**PARTICIPANT DETAILS**

Trial Number:  Initials:  Date of birth: --  
d d m m m y y y y

**CONFIRMATION OF PARTICIPANT CONSENT**

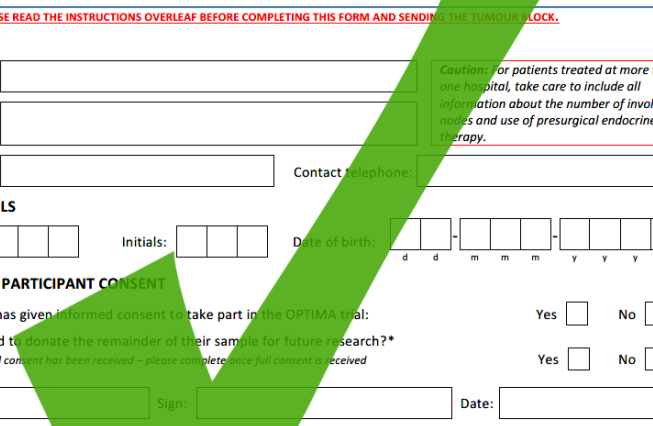
I confirm this patient has given informed consent to take part in the OPTIMA trial: Yes  No

Has this patient agreed to donate the remainder of their sample for future research?\*

\*Leave blank if initial verbal consent has been received – please complete once full consent is received

Yes  No

Name:  Sign:  Date:



# Section 2:

## Tumour Sample details

**NUMBER OF TUMOURS BLOCKS SUBMITTED FOR THIS PARTICIPANT**

Number of tumour blocks submitted (in total) from the LEFT breast:

Number of tumour blocks submitted (in total) from the RIGHT breast:

Form number:  of   
*(if more than 1 block submitted)*

**PRESURGICAL ENDOCRINE THERAPY**

Did this patient have pre-surgical endocrine therapy? Yes  No  **If yes, please send a sample from the core biopsy**  
**If no, please send a sample from the main excision**

**TUMOUR BLOCK DETAILS**

Full histology number for this specimen:

Specific code/letter/number of this block (e.g. 1A):

Breast this block is from: LEFT  RIGHT

Date of surgery / biopsy when this block was collected: --  
d d m m m y y y y

Invasive tumour size (mm) of the lesion that this sample was taken from: -

**CONFIRMATION OF NODAL STATUS**

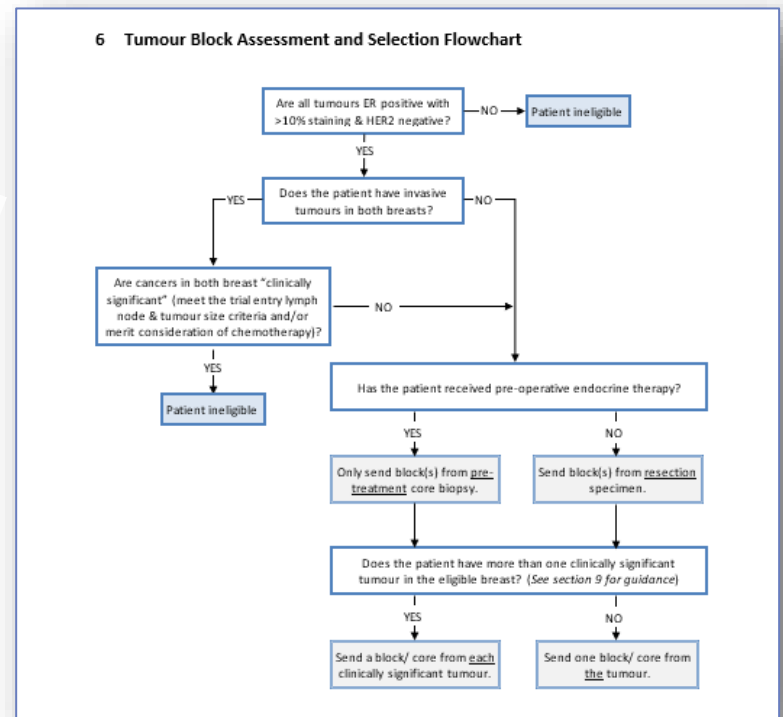
Number of involved nodes (for this breast) across all surgeries:  *Please count both macrometastasis and micrometastasis*

# Section 2: Tumour Sample details

To determine which samples should be sent to OPTIMA, you will need a pathologist or a Trial Investigator to review the reports and confirm.

There is an SOP which can help Sites identify which samples to send: [OPTIMA Site Sample Collection SOP v8.0\\_2021-07-27](#)

Section 6 of this document contains a flow chart.



If unsure, ask the WCTU team and we can advise.

# Section 2: Tumour Sample details

- ▶ **Number of tumour blocks submitted for this patient:** You should confirm the number of samples sent, and complete the appropriate box depending on which breast the sample(s) are from.
- ▶ **Pre-surgical Endocrine therapy:** This is a critical check. It enables us to ensure that the correct sample is sent to the lab so if you don't know, you need to find out.
- ▶ **Tumour block details:** The information within this section is used to confirm that the correct block has been sent to HSL-AD, as well as checking eligibility.
  - **The invasive tumour size is also critical as this figure is used for the prosigna assay.**
- ▶ **Confirmation of Nodal Status:** This should be the total number of involved nodes in the relevant breast.
  - **The number of involved nodes is also critical as this figure is used for the prosigna assay.**





# Section 2: Tumour Sample details

Information required for eligibility checks / checking the sample is suitable:

NUMBER OF TUMOURS BLOCKS SUBMITTED FOR THIS PARTICIPANT	
Number of tumour blocks submitted (in total) from the LEFT breast:	<input type="text"/> Form number: <input type="text"/> of <input type="text"/>
Number of tumour blocks submitted (in total) from the RIGHT breast:	<input type="text"/> (if more than 1 block submitted)
PRESURGICAL ENDOCRINE THERAPY	
Did this patient have pre-surgical endocrine therapy? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please send a sample from the <u>core biopsy</u> If no, please send a sample from the <u>main excision</u>
TUMOUR BLOCK DETAILS	
Full histology number for this specimen:	<input type="text"/>
Specific code/letter/number of <u>this</u> block (e.g. 1A):	<input type="text"/>
Breast this block is from:	LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/>
Date of surgery / biopsy when this block was collected:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Invasive tumour size (mm) of the lesion that this sample was taken from:	<input type="text"/> . <input type="text"/>
CONFIRMATION OF NODAL STATUS	
Number of <u>involved</u> nodes (for this breast) across all surgeries:	<input type="text"/> <i>Please count both macrometastasis and micrometastasis</i>

# Section 2: Tumour Sample details

Information required for the prosigna assay:

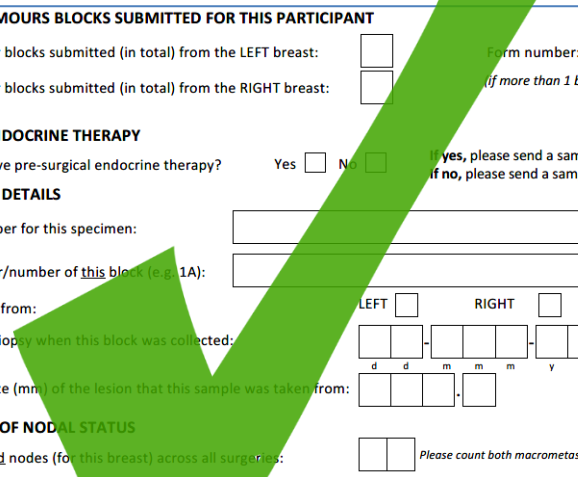
NUMBER OF TUMOURS BLOCKS SUBMITTED FOR THIS PARTICIPANT	
<u>Number</u> of tumour blocks submitted (in total) from the LEFT breast:	<input type="text"/>
<u>Number</u> of tumour blocks submitted (in total) from the RIGHT breast:	<input type="text"/>
Form number: <input type="text"/> of <input type="text"/> <i>(if more than 1 block submitted)</i>	
PRESURGICAL ENDOCRINE THERAPY	
Did this patient have pre-surgical endocrine therapy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please send a sample from the <u>core biopsy</u> If no, please send a sample from the <u>main excision</u>	
TUMOUR BLOCK DETAILS	
Full histology number for this specimen:	<input type="text"/>
Specific code/letter/number of <u>this</u> block (e.g. 1A):	<input type="text"/>
Breast this block is from:	LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/>
Date of surgery / biopsy when this block was collected:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m m y y y y</small>
<u>Invasive</u> tumour size (mm) of the lesion that this sample was taken from:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
CONFIRMATION OF NODAL STATUS	
Number of <u>involved</u> nodes (for this breast) across all surgeries:	<input type="text"/> <input type="text"/> <i>Please count both macrometastasis and micrometastasis</i>

# Section 2: Tumour Sample details

It is not unusual for the Main Site Contact to complete some of this section of the form before passing over to Pathology however these data items are critical for the outcome of the prosigna test.

As long as an appropriately delegated individual checks and signs the form off, we are happy.

Changes to this section may need to be countersigned by someone who has 'completion of Tissue Transit form' delegated to them.



**NUMBER OF TUMOURS BLOCKS SUBMITTED FOR THIS PARTICIPANT**

Number of tumour blocks submitted (in total) from the LEFT breast:  Form number:  of   
Number of tumour blocks submitted (in total) from the RIGHT breast:  (if more than 1 block submitted)

**PRESURGICAL ENDOCRINE THERAPY**

Did this patient have pre-surgical endocrine therapy? Yes  No  If yes, please send a sample from the core biopsy  
If no, please send a sample from the main excision

**TUMOUR BLOCK DETAILS**

Full histology number for this specimen:

Specific code/letter/number of this block (e.g. 1A):

Breast this block is from: LEFT  RIGHT

Date of surgery / biopsy when this block was collected: --  
d d m m m y y y y

Invasive tumour size (mm) of the lesion that this sample was taken from: -

**CONFIRMATION OF NODAL STATUS**

Number of involved nodes (for this breast) across all surgeries:  Please count both macrometastasis and micrometastasis

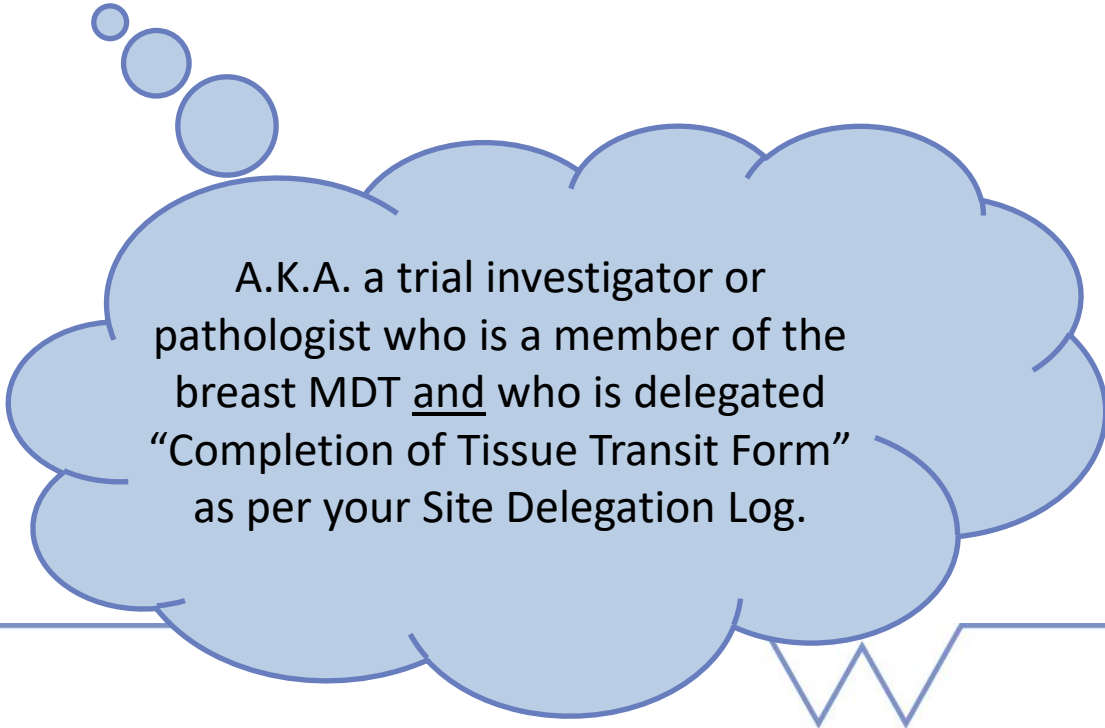
# Section 3:

## Sample tracking and Sign off

<b>ROYAL MAIL TRACKING INFORMATION</b>	
Tracking code (e.g. AA 1111 1111 1AA):	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
Date and approximate time sample despatched:	Date: <input type="text"/> Time: <input type="text"/>
<b>FORM COMPLETED BY</b>	
Name:	<input type="text"/> Date: <input type="text"/> - <input type="text"/> - <input type="text"/> <small>d d m m m y y y y</small>
Signature:	<input type="text"/>

## Section 3: Sample tracking and Sign off

- ▶ **Royal Mail tracking information:** All Tissue Transit Envelopes provided to Sites include Royal Mail tracking information. It is good practice to include this information on the Tissue Transit form as it allows us to track the package if it were to go missing.
- ▶ **Form Completed by:** Once the Tissue Transit form is complete, the whole form must be checked and signed by a suitable trained individual.

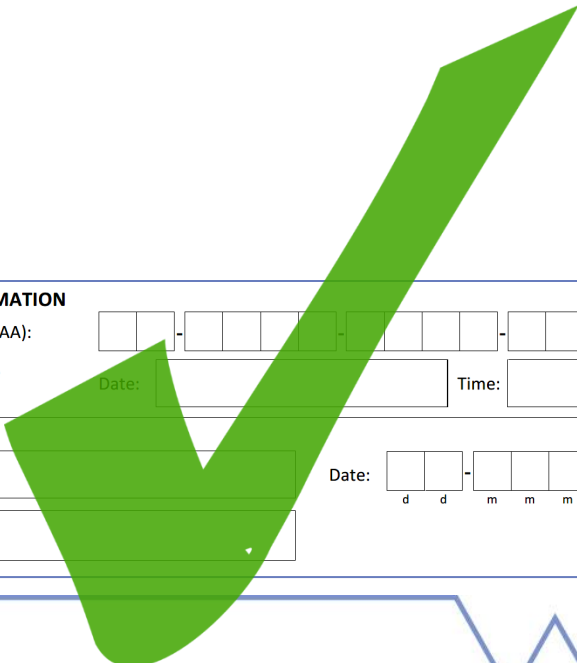


A.K.A. a trial investigator or pathologist who is a member of the breast MDT and who is delegated “Completion of Tissue Transit Form” as per your Site Delegation Log.

# Section 3: Sample tracking and Sign off

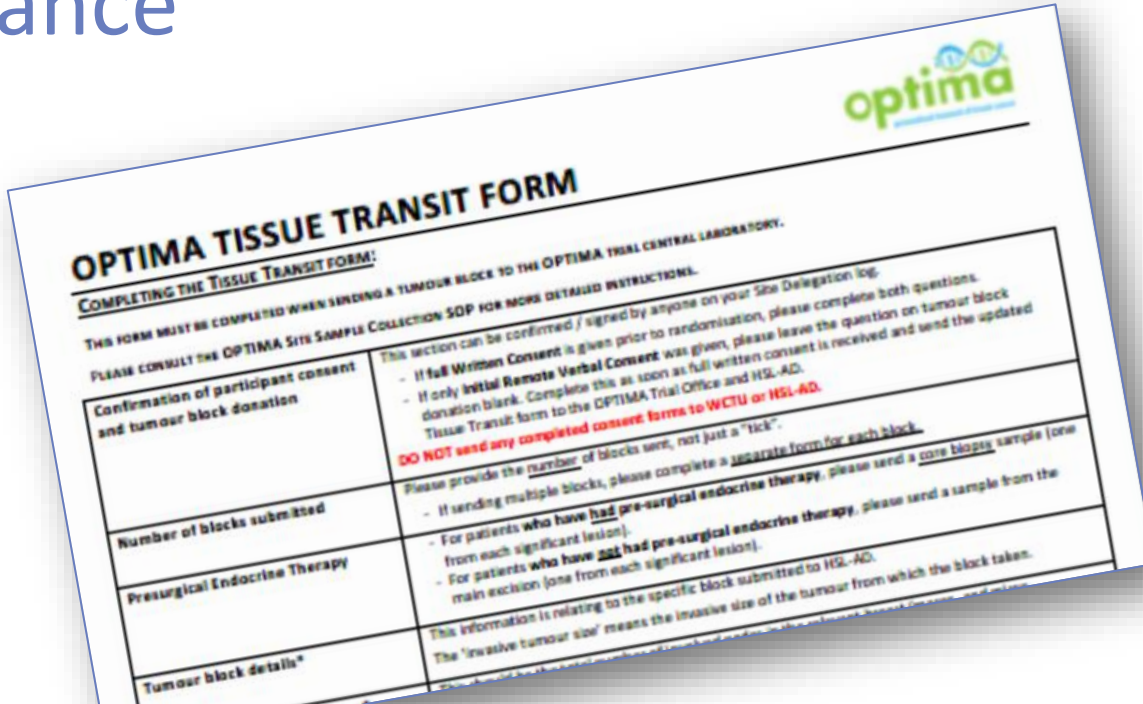
**The whole Tissue Transit form must be signed off by a trial investigator or pathologist who is a member of the breast MDT and who is delegated “Completion of Tissue Transit Form” as per your Site Delegation Log.**

If your PI wants to delegate this task to someone else, they must confirm that the person is suitably trained and competent to do so.



<b>ROYAL MAIL TRACKING INFORMATION</b>	
Tracking code (e.g. AA 1111 1111 1AA):	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
Date and approximate time sample despatched:	Date: <input type="text"/> Time: <input type="text"/>
<b>FORM COMPLETED BY</b>	
Name:	<input type="text"/> Date: <input type="text"/> - <input type="text"/> - <input type="text"/>
Signature:	<input type="text"/>

# Page 2: Completion Guidance



The image shows a document titled "OPTIMA TISSUE TRANSIT FORM" with the "optima" logo in the top right corner. The form contains instructions for completing it, including a table with specific requirements for different sections.

**OPTIMA TISSUE TRANSIT FORM**

**COMPLETING THE TISSUE TRANSIT FORM:**

**THIS FORM MUST BE COMPLETED WHEN SENDING A TUMOUR BLOCK TO THE OPTIMA TRIAL CENTRAL LABORATORY.**

**PLEASE CONSULT THE OPTIMA SITE SAMPLE COLLECTION SOP FOR MORE DETAILED INSTRUCTIONS.**

Confirmation of participant consent and tumour block donation	This section can be confirmed / signed by anyone on your Site Delegation log. <ul style="list-style-type: none"><li>- If full <b>Written Remote Verbal Consent</b> is given prior to randomisation, please complete both questions.</li><li>- If only <b>Initial Remote Verbal Consent</b> was given, please leave the question on tumour block donation blank. Complete this as soon as full written consent is received and send the updated Tissue Transit form to the OPTIMA Trial Office and HSL-AD.</li></ul> <b>DO NOT send any completed consent forms to WCTU or HSL-AD.</b>
Number of blocks submitted	Please provide the number of blocks sent, not just a "tick". <ul style="list-style-type: none"><li>- If sending multiple blocks, please complete a <u>separate form for each block</u>.</li></ul>
Presurgical Endocrine Therapy	- For patients who have <b>had pre-surgical endocrine therapy</b> , please send a <u>core biopsy sample</u> (one from each significant lesion). <ul style="list-style-type: none"><li>- For patients who have <b>not had pre-surgical endocrine therapy</b>, please send a sample from the main excision (one from each significant lesion).</li></ul>
Tumour block details*	This information is relating to the specific block submitted to HSL-AD. The 'invasive tumour size' means the invasive size of the tumour from which the block taken.

# Completing the Tissue Transit form

<b>Confirmation of participant consent and tumour block donation</b>	<p>This section can be confirmed / signed by anyone on your Site Delegation log.</p> <ul style="list-style-type: none"><li>- If full Written Consent is given prior to randomisation, please complete both questions.</li><li>- If only Initial Remote Verbal Consent was given, please leave the question on tumour block donation blank. Complete this as soon as full written consent is received and send the updated Tissue Transit form to the OPTIMA Trial Office and HSL-AD.</li></ul> <p><b>DO NOT send any completed consent forms to WCTU or HSL-AD.</b></p>
<b>Number of blocks submitted</b>	<p>Please provide the <u>number</u> of blocks sent, not just a “tick”.</p> <ul style="list-style-type: none"><li>- If sending multiple blocks, please complete a <u>separate form for each block</u>.</li></ul>
<b>Presurgical Endocrine Therapy</b>	<ul style="list-style-type: none"><li>- For patients who have <u>had</u> pre-surgical endocrine therapy, please send a <u>core biopsy</u> sample (one from each significant lesion).</li><li>- For patients who have <u>not</u> had pre-surgical endocrine therapy, please send a sample from the main excision (one from each significant lesion).</li></ul>





# Completing the Tissue Transit form

<b>Tumour block details*</b>	This information is relating to the specific block submitted to HSL-AD. The 'invasive tumour size' means the invasive size of the tumour from which the block taken.
<b>Confirmation of nodal status*</b>	This should be the <u>total number of involved nodes</u> in the relevant breast (macro- and micro- metastases). Take care to include all information where treatment has been split across hospitals.  This should match the stratification information provided on the randomisation form.
<b>Royal mail tracking information</b>	Add the information from the Royal Mail Special Delivery envelope for tracking purposes.
<b>Form completed by</b>	Each Tissue Transit form must be checked and signed by a trial investigator or pathologist who is a member of the breast MDT <u>and</u> who is delegated "Completion of Tissue Transit Form" as per your Site Delegation Log.

**\*NB:** any amendments to these sections must be confirmed (initial and dated) by someone who is delegated to "Completion of Tissue Transit Form" as per your sites Delegation Log.



# Completing the Tissue Transit form

## Section 2: Tumour Sample details

<b>NUMBER OF TUMOURS BLOCKS SUBMITTED FOR THIS PARTICIPANT</b>	
<u>Number</u> of tumour blocks submitted (in total) from the LEFT breast:	<input type="text"/>
<u>Number</u> of tumour blocks submitted (in total) from the RIGHT breast:	<input type="text"/>
	Form number: <input type="text"/> of <input type="text"/> <i>(if more than 1 block submitted)</i>
<b>PRESURGICAL ENDOCRINE THERAPY</b>	
Did this patient have pre-surgical endocrine therapy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>If yes, please send a sample from the <u>core biopsy</u></b> <b>If no, please send a sample from the <u>main excision</u></b>
<b>TUMOUR BLOCK DETAILS</b>	
Full histology number for this specimen:	<input type="text"/>
Specific code/letter/number of <u>this</u> block (e.g. 1A):	<input type="text"/>
Breast this block is from:	LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/>
Date of surgery / biopsy when this block was collected:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m m y y y y</small>
<u>Invasive</u> tumour size (mm) of the lesion that this sample was taken from:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
<b>CONFIRMATION OF NODAL STATUS</b>	
Number of <u>involved</u> nodes (for this breast) across all surgeries:	<input type="text"/> <input type="text"/> <i>Please count both macrometastasis and micrometastasis</i>

**\*NB:** any amendments to these sections **must** be confirmed (initial and dated) by someone who is delegated to “Completion of Tissue Transit Form” as per your sites Delegation Log.

# Sending the block to HSL-AD

- ▶ Prior to posting, email a copy of the completed Tissue Transit form(s) and copies of all anonymised pathology reports to the OPTIMA trial office [OPTIMA@warwick.ac.uk](mailto:OPTIMA@warwick.ac.uk).
- ▶ WCTU need a copy of all reports to check the information before allocation can occur.
  1. Enclose with this form all applicable pathology reports (include core biopsies, excision and axillary surgeries) with the block.
  2. Send the Tissue Transit form, partially anonymised pathology reports and FFPE block to the central laboratory in a pre-paid Royal Mail Special Delivery envelope provided.



# Sending the block to HSL-AD

## Redacting the reports

▶ Please do **not** redact:

- ✓ Hospital Name / Hospital headed paper
- ✓ Histopathology number(s) – *must be visible on at least 1 page of the report*
- ✓ Participant's date of birth – *If the date of birth is redacted in error, this can be handwritten on the report.*

▶ All other patient identifiable data (name, address NHS and hospital numbers etc) should be **fully redacted** before the report is sent to the Trial Office / HSL-AD.

▶ Each page of the pathology report(s) should be labelled so that WCTU and HSL-AD can verify which participant the report(s) belong to:

- ✓ Participant's initials
  - ✓ Trial Number (TNO)
- } *These can be handwritten on to the report*

▶ Each page should have at least 2 identifiers included (one of which must be the TNO or initials), to allow us to check the reports against the correct participant records.



# General CRF completion:



- All amendments should be crossed out with a single line and initialled and dated.
- Any amendments to the Tissue Transit form must be initialled and dated by an appropriate staff member, as per your Site Delegation log.

Good Clinical Practice





# Most common queries:

- We need copies of all pathology reports.
- We need the invasive tumour size (not whole tumour size).
- For patients who have had pre-surgical endocrine therapy, you must send us a pre-treatment core biopsy.
- Insufficient samples sent...
  - only one sample when we need more
  - Core bx when we need an excision specimen
  - Not enough tumour tissue in the block
  - Samples from lymph nodes

# OPTIMA team contacts

**Prof. Rob Stein**

OPTIMA Chief Investigator

Email: [r.stein@ucl.ac.uk](mailto:r.stein@ucl.ac.uk)

**Carmel Conefrey**

OPTIMA Qualitative Researcher

Tel: 0117 9287296

Email: [carmel.conefrey@bristol.ac.uk](mailto:carmel.conefrey@bristol.ac.uk)

**WCTU Team**

Tel: 02476 151 057

Email: [optima@warwick.ac.uk](mailto:optima@warwick.ac.uk)