

compensated US\$60. The latter payment approximates in value the level of compensation typically provided average workers at the lower end of the wage spectrum for the donation of blood for transfusion purposes. Independently, US\$200 is the sum currently paid study subjects who donate bone marrow at UCHSC.

Payments will be stipulated in the individual informed consent forms that subjects sign. Compensation for participation in individual study protocols will be used to defray subject's additional medical expenses. Compensation for giving an interview will be made in cash at the time of the interview. Patients who initially agree to participate in the study will also be informed that in the future they may be eligible for and asked to participate in follow-up sampling. If so, they will be asked to fill out another consent form and compensation will be paid at the time follow-up is requested.

6 PROCEDURAL OVERVIEW AND REGULATORY COMPLIANCE

6.1 Summary of Study Procedures

Blood samples will be collected by venipuncture from in-patients presenting at participating referral hospitals and will be processed for routine CBC, lymphocyte isolation and serum preparation (NHL).

Bone marrow aspirates, bone marrow biopsies, lymph node biopsies and resected tissue received at the clinical laboratories will be subjected to histology, morphologic diagnosis, immunochemical, immunophenotype, cytogenetic, molecular cytogenetics (FISH), and RNA/DNA-based molecular analyses. These studies are complementary to each other and are all essential for diagnoses according to WHO guidelines and as outlined in this proposal. Specimens will be divided into three portions: one for fixation for pathology studies including histology, immunochemistry, and immunophenotype analyses; and one for cell culture for cytogenetics and FISH analyses, one for DNA and RNA isolation.

Initial morphologic diagnoses of lymph node and tumor specimens will be performed by Professor. Zhu and colleagues at FUMC Tumor Hospital or the ICMRC. Morphologic diagnoses will be routinely confirmed and EBV viral status determined using immunophenotype analysis, molecular cytogenetics and RNA/DNA-based molecular analyses on fresh tumor tissue and the same paraffin-embedded tissue sections prepared by FUMC Tumor Hospital.

Morphologic analysis of bone marrow aspirates (BP, AA, MDS, AML) are either performed by Professor Ji of Hua Shan Hospital, RDI and/or JR, and biopsy material reviewed RDI and JR. Morphologic diagnoses will be routinely confirmed using immunophenotype analysis, molecular cytogenetics and RNA/DNA-based molecular analyses on bone marrow aspirate slides and paraffin-embedded biopsy sections prepared by FUMC Tumor Hospital. Bone marrow cells obtained from fresh aspiration will be frozen for culture. Individual diagnoses will be reviewed by a panel consisting of the aforementioned individuals and Professor Irons and independently confirmed by Professor John Ryder at UCHSC. A final integrated diagnosis will be made by ICMRC and UCHSC staff on the basis of: Morphologic diagnosis, Immunophenotyping, Cytogenetics, FISH and RNA/DNA-based molecular analysis. This diagnosis will be