

**QATAR BIOBANK
RESEARCH COLLABORATION
APPLICATION FORM (APPENDIX A)**

Research Application No. _____

9. DATA AND BIOLOGICAL SAMPLE REQUESTED Please tick the required data/measure box required for your project	
Questionnaire Data	
1. <input type="checkbox"/> Socio-economic status	16. <input type="checkbox"/> Ethnicity
2. <input type="checkbox"/> Occupational exposure	17. <input type="checkbox"/> Occupation
3. <input type="checkbox"/> Physical activity	18. <input type="checkbox"/> Cancer
4. <input type="checkbox"/> Mobile phone usage	19. <input type="checkbox"/> Other medical conditions
5. <input type="checkbox"/> Sleeping patterns	20. <input type="checkbox"/> Surgery
6. <input type="checkbox"/> Smoking	21. <input type="checkbox"/> Family Medical History
7. <input type="checkbox"/> Childhood conditions / illnesses / family history	22. <input type="checkbox"/> Medications
8. <input type="checkbox"/> Mental health	23. <input type="checkbox"/> Pregnancy and contraception
9. <input type="checkbox"/> General health	24. <input type="checkbox"/> Diet
10. <input type="checkbox"/> Respiratory	25. <input type="checkbox"/> Coffee and tea
11. <input type="checkbox"/> Chronic symptoms	26. <input type="checkbox"/> Dairy products
12. <input type="checkbox"/> Women's Health	Other type of food consumed
13. <input type="checkbox"/> Chronic diseases	27. <input type="checkbox"/> Fast food
14. <input type="checkbox"/> Antibiotics usage	28. <input type="checkbox"/> Drinks
15. <input type="checkbox"/> Supplement usage	
Clinic Measurement Data	
1. <input type="checkbox"/> Cognitive test data	7. <input type="checkbox"/> Heart electro-activity
2. <input type="checkbox"/> Systolic and diastolic blood pressure	8. <input type="checkbox"/> Arterial stiffness
3. <input type="checkbox"/> Respiratory test	9. <input type="checkbox"/> Body composition (Tanita)
4. <input type="checkbox"/> Body fat content (IDXA)	10. <input type="checkbox"/> Carotid artery scan
5. <input type="checkbox"/> Height	11. <input type="checkbox"/> Retina scan

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6. <input type="checkbox"/> Weight	12. <input type="checkbox"/> Waist, WHR, BMI
Laboratory Data	
1. <input type="checkbox"/> Blood Count, including: Haemoglobin, Haematocrit, Red Cell Count, White Cell Count (total), Differential white cell count, Platelet count, Mean corpuscular volume (MCV), Mean Corpuscular Haemoglobin (MCH), Mean Corpuscular Haemoglobin Concentration (MCHC), Mean Platelet Volume (MPV)	2. <input type="checkbox"/> Clinical Chemistry, including Sodium, Potassium, Chloride, Bicarbonate, Urea, Creatinine, Random Glucose, Bilirubin (total), Protein (total), Albumin, Alkaline Phosphatase, Alanine Transaminase (ALT), Aspartate Transaminase (AST), Gamma Glutamyl Transferase (GGT), Total cholesterol, HDL Cholesterol, LDL Cholesterol, Triglycerides, Calcium, Phosphate, Uric acid, Creatinine Kinase, Iron, Total Iron binding capacity, Magnesium
3. <input type="checkbox"/> Coagulation tests, including: Prothrombin Time (PT), International Normalised Ratio (INR), Partial Thromboplastin Time (PTT), Fibrinogen	4. <input type="checkbox"/> Endocrinology tests, including: Vitamin D, T3, T4, TSH, Ferritin, Folate, Vitamin B12, C Peptide, Insulin, Testosterone, Estradiol, Sex Hormone Binding Globulin
5. <input type="checkbox"/> Immunology tests, including: Rheumatoid Factor, ANA, ANCA	6. <input type="checkbox"/> Cardiac Markers, including: Myoglobin, Brain Naturetic Peptide
7. <input type="checkbox"/> Trace Elements, including: Copper, Zinc	8. <input type="checkbox"/> Others such as HbAc1, Homocysteine
Please tick the type and mention the quantity of samples required	
<input type="checkbox"/> Plasma	μ l
<input type="checkbox"/> Serum	μ l
<input type="checkbox"/> DNA from Buffy coats	μ l
<input type="checkbox"/> Urine	μ l