

Research Application No. _____

1. PROJECT DETAILS

Project Title	
Project Duration	
Proposed Start Date	
Grant Source	
Grant Number	

2. PRINCIPAL INVESTIGATOR'S / LEAD PI DETAILS

Title	
Surname	
Forename	
Designation	
Department	
Institution	
Telephone Number	
Institution Address	
Email Address	

3. CO-APPLICANT'S / CO-LEAD PI DETAILS

Title	
Surname	
Forename	
Designation	
Department	
Institution	
Telephone Number	
Institution Address	
Email Address	

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4. SCIENTIFIC SUMMARY

BACKGROUND (200 - 400 Words)

PROJECT AIMS (200 - 400 Words)

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RESEARCH METHODS (400 - 800 Words)

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POTENTIAL IMPACT (200 - 400 Words)

5. PROJECT PLAN (Please indicate milestones of the project)

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6. DISSEMINATION OF FINDINGS

Please indicate your plans to disseminate the findings, whether it will be presented in conference/poster/presentation/publications/other methods

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7. INTELLECTUAL PROPERTY

Is there intellectual property that will be derived from this project? Yes No

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8. ETHICAL APPROVAL

Please provide details on IRB approval if applicable for this project below and enclose the IRB approval with this application

IRB Number	
IRB Date	

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

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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
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

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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

Samples Required: Please tick the type and mention the quantity of samples required

Type	Amount ml / Aliquot	Number of Aliquots requested
1. <input type="checkbox"/> Serum	0.3	
2. <input type="checkbox"/> Plasma	0.25	
3. <input type="checkbox"/> Buffy Coat	0.4	
4. <input type="checkbox"/> Erythrocyte	0.4	
5. <input type="checkbox"/> Urine	0.8	
6. <input type="checkbox"/> Saliva	0.4	
7. <input type="checkbox"/> Saliva + RNA later	0.4+0.4	
8. <input type="checkbox"/> CPT	0.25	
9. <input type="checkbox"/> Trace element	0.8	
10. <input type="checkbox"/> RNA (PAX gene)	2.7	

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Genomic Data: File Formats Requested		
Whole Genome Sequencing Data	Number of samples	Build
Raw sequence reads file (FASTQ)		
Post-alignment reads file (BAM)		
Short Variant calls file (VCF: SNV & INDEL)		
Copy number variant calls file (VCF: CNV)		
Large Structural variant calls file (VCF: SV)		
Genotyping Array Data		
Raw genotyping array data file (iDAT)		
Processed genotyping array data file (VCF)		

10. FACILITIES REQUEST / PROJECT MANAGEMENT

Please tick the resource and specify the quantity required

Type of Resources	Description and Quantity
<input type="checkbox"/> Nurses or other member of staff	
<input type="checkbox"/> QBB premises / facilities	
<input type="checkbox"/> Equipment and instruments	
If you have ticked any of the above please indicate the management structure of the project and the resources, identifying the project manager/s, meetings schedule, financial managements etc.	

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11. INDEMNITY

(Please indicate that you read and understood the following statements)

- Qatar Biobank will follow a standard procedure (subject to review and modifications by Qatar Biobank Scientific and Access Committees) in the assessment of all applications
- Assessment will include compatibility of the research project with the purposes of Qatar Biobank; the feasibility of the research project and the availability of resources
- The principal investigator has to provide Qatar Biobank with all required protocol(s), Institutional Endorsement letter and IRB approval
- Applicants are not entitled to transfer the data and/or samples to a third party without the approval of Qatar Biobank
- Any residual samples should be destroyed in the presence of Qatar Biobank personnel or returned at the end of the research project.
- Any new derived data should be returned to Qatar Biobank for the purpose of enriching the database and preventing duplication of efforts
- All data and information accessed via Qatar Biobank and / or Qatar Genome Programme will be dealt with the highest security and confidentiality standards. Therefore, this data shall not be disclosed, used or duplicated, in whole or in part, for any purpose other than agreed as per this request. An action direct or indirect, by the investigator(s) or their affiliates resulting in violation of this contract will be considered as breach of this contract and a legal action will be taken as per applicable laws of the State of Qatar

Print Name:

Signature & Date

12. MONITORING RESEARCH IN QATAR BIOBANK

In order to categorize and evaluate the research in collaboration with Qatar Biobank, the following list of research areas has been provided. Please categorize your research

- | | |
|---|---|
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Obesity/Metabolic syndrome |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Health and socio-economic status | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Cognition | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Genomic | |
| <input type="checkbox"/> Others (please specify): | |

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13. COST CALCULATION

A-Data Requested

Data	Cost QR/ Participant	Number of Participants	Total Cost
Questionnaire and Clinic Data	45		
Laboratory Data	48		

B-Laboratory Samples Requested

Sample	Cost QR/ Aliquot	Number of Aliquots	Total Cost
Serum	2.7		
Plasma	1.7		
Buffy coat	3.5		
Erythrocyte	3.5		
Urine	3.0		
Saliva	11.0		
Saliva + RNA later	11.0		
CPT	6.0		
Trace element	21.0		
RNA (PAX gene)	105		

C-Genomic Data

Data	Cost QR/ Participant	Number of Participants	Total Cost
Genomic Data (QBB samples)	300		
Non QBB sequenced samples	7000		

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14. Signature of LPI

Name :

Title:

Date:

Signature: