

| A. QUESTIONNAIRE DATA | |
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| Type | Cost/ participants in (QR) |
| 1. <input checked="" type="checkbox"/> Socio-economic status | 1.50 |
| 2. <input type="checkbox"/> Occupational exposure | 1.50 |
| 3. <input type="checkbox"/> Physical activity | 1.50 |
| 4. <input type="checkbox"/> Mobile phone usage | 1.50 |
| 5. <input type="checkbox"/> Sleeping patterns | 1.50 |
| 6. <input type="checkbox"/> Smoking | 1.50 |
| 7. <input type="checkbox"/> Childhood conditions / illnesses / family history | 1.50 |
| 8. <input type="checkbox"/> Mental health | 1.50 |
| 9. <input type="checkbox"/> General health | 1.50 |
| 10. <input type="checkbox"/> Respiratory | 1.50 |
| 11. <input type="checkbox"/> Chronic symptoms | 1.50 |
| 12. <input type="checkbox"/> Women's Health | 1.50 |
| 13. <input type="checkbox"/> Chronic diseases | 1.50 |
| 14. <input type="checkbox"/> Antibiotics usage | 1.50 |
| 15. <input type="checkbox"/> Supplement usage | 1.50 |
| 16. <input type="checkbox"/> Nationality | 1.50 |
| 17. <input type="checkbox"/> Occupation | 1.50 |
| 18. <input type="checkbox"/> Cancer | 1.50 |
| 19. <input type="checkbox"/> Other medical conditions | 1.50 |

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| 20. <input type="checkbox"/> Surgery | 1.50 |
| 21. <input type="checkbox"/> Family Medical History | 1.50 |
| 22. <input type="checkbox"/> Medications | 1.50 |
| 23. <input type="checkbox"/> Pregnancy and contraception | 1.50 |
| 24. <input type="checkbox"/> Diet | 1.50 |
| 25. <input type="checkbox"/> Coffee and tea | 1.50 |
| 26. <input type="checkbox"/> Dairy products | 1.50 |
| 27. <input type="checkbox"/> Fast food | 1.50 |
| 28. <input type="checkbox"/> Drinks | 1.50 |
| 29. <input type="checkbox"/> Other type of food consumed | 1.50 |
| 30. <input type="checkbox"/> Fasting Time | 1.50 |
| B. CLINIC MEASUREMENT DATA | |
| Type | Cost / participant in (QR) |
| 1. <input type="checkbox"/> Cognitive test data | 1.00 |
| 2. <input type="checkbox"/> Systolic and diastolic blood pressure & pulse | 1.00 |
| 3. <input type="checkbox"/> Respiratory test | 2.00 |
| 4. <input type="checkbox"/> Body Composition & Bone Densometer (iDXA) | 3.00 |
| 5. <input type="checkbox"/> Height(Sitting) | 1.00 |
| 6. <input type="checkbox"/> Weight | 1.00 |
| 7. <input type="checkbox"/> Fitness Test (Heart Rate) | 2.00 |

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| 8. <input type="checkbox"/> Hand Grip strength | 1.00 |
| 9. <input type="checkbox"/> Retina scan | 3.00 |
| 10. <input type="checkbox"/> ECG at Rest | 2.00 |
| 11. <input type="checkbox"/> Arterial stiffness | 2.00 |
| 12. <input type="checkbox"/> Bioimpedence body composition | 1.00 |
| 13. <input type="checkbox"/> Carotid artery scan (Ultra Sound) | 3.00 |
| 14. <input type="checkbox"/> Height Standing | 1.00 |
| 15. <input type="checkbox"/> Waist, WHR, BMI | 1.00 |
| C. LABORATORY DATA | |
| Type | Cost / panel in (QR) |
| 1. <input type="checkbox"/> Blood Count, including: Haemaglobin, Haematocrit, Red Cell Count, White Cell Count (total), Differential white cell count, Platelet count, Mean corpuscular volume (MCV), Mean Corpuscular Haemaglobin (MCH), Mean Corpuscular Haemaglobin Concentration (MCHC), Mean Platelet Volume (MPV) | 6.00 |
| 2. <input type="checkbox"/> Clinical Chemistry, including | 6.00 |

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| <p>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</p> | |
| <p>3. <input type="checkbox"/> Coagulation tests, including:</p> <p>Prothrombin Time (PT), International Normalised Ratio (INR), Partial Thromboplastin Time (PTT), Fibrinogen</p> | <p>6.00</p> |
| <p>4. <input type="checkbox"/> Endocrinology tests, including:</p> <p>Vitamin D, T3, T4, TSH, Ferritin, Folate, Vitamin B12, C Peptide, Insulin, Testosterone, Estradiol, Sex Hormone Binding Globulin</p> | <p>6.00</p> |

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| 5. <input type="checkbox"/> Immunology tests, including: Rheumatoid Factor, ANA, ANCA | 6.00 |
| 6. <input type="checkbox"/> Cardiac Markers, including: Myoglobin, Brain Naturetic Peptide | 6.00 |
| 7. <input type="checkbox"/> Trace Elements, including: Copper, Zinc | 6.00 |
| 8. <input type="checkbox"/> Others such as HbAc1, Homocysteine | 6.00 |

| D. BIOLOGICAL SAMPLES (Samples Required: Please tick the type and mention the quantity of samples required) | | |
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| Type | Unit | Cost / Unit in (QR) |
| 1. <input type="checkbox"/> Serum | 100ul | 2.70 |
| 2. <input type="checkbox"/> Plasma EDTA | 250ul | 1.70 |
| 3. <input type="checkbox"/> Buffy Coat | 1ml | 3.50 |
| 4. <input type="checkbox"/> DNA | 10ng | 64.00 |
| 5. <input type="checkbox"/> Erythrocyte | 40ul | 3.50 |
| 6. <input type="checkbox"/> Urine | 500ul | 3.0 |

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| 7. <input type="checkbox"/> Saliva | 50ul | 11.0 |
| 8. <input type="checkbox"/> Saliva + RNA later | 50ul | 11.0 |
| 9. <input type="checkbox"/> CPT | 45ul | 6.0 |
| 10. <input type="checkbox"/> Plasma Sodium Citrate | 80ul | 2.10 |
| 11. <input type="checkbox"/> Total RNA | ng | 141.00 |

| E. GENOMIC DATA: | | |
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| Data | Cost/ Participant in (QR) | |
| 1. <input type="checkbox"/> Genomic Data (QBB samples) | 300 | |
| 2. <input type="checkbox"/> Non QBB sequenced samples | 7000 | |
| F. GENOMIC DATA FILE FORMAT REQUESTED | | |
| Whole Genome Sequencing Data Type | Build | Number of participants |
| 1. <input type="checkbox"/> Raw sequence reads file (FASTQ) | | |

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| 2. <input type="checkbox"/> Post-alignment reads file (BAM) | | |
| 3. <input type="checkbox"/> Short Variant calls file (VCF: SNV & INDEL) | | |
| 4. <input type="checkbox"/> Copy number variant calls file (VCF: CNV) | | |
| 5. <input type="checkbox"/> Large Structural variant calls file (VCF: SV) | | |
| Genotyping Array Data | Build | Number of participants |
| Type | | |
| 6. <input type="checkbox"/> Raw genotyping array data file (iDAT) | | |
| 7. <input type="checkbox"/> Processed genotyping array data file (VCF) | | |
| G. METABOLOMIC REQUEST | | |
| Data | Cost/ Participant in (QR) | |
| Metabolomics | 70.00 | |
| H. PROTEOMIC REQUEST | | |
| Data | Cost/ Participant in (QR) | |
| Proteomic | 140.00 | |

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| FACILITIES REQUEST / PROJECT MANAGEMENT | |
| Price to be decided upon submission | |
| 1. <input type="checkbox"/> Nurses or other member of staff | |
| 2. <input type="checkbox"/> QBB premises / facilities | |

3. Equipment and instruments