



QATAR BIOBANK			 قطر بيوبنك qatarbiobank for medical research للبحوث الطبية عضو في مؤسسة قطر Member of Qatar Foundation
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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	

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Telephone Number	
Institution Address	
Email Address	

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4. SCIENTIFIC SUMMARY

A. BACKGROUND (200 - 400 Words)

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B. PROJECT AIMS (200 - 400 Words)

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C. RESEARCH METHODS (400 - 800 Words)

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D. INCLUSION & EXCLUSION CRITERIA:-	
A. STUDY TYPE : <input type="checkbox"/> Case/Control <input type="checkbox"/> Cross-sectional	
1. Total Number of Participants	
2. Inclusion Criteria	
3. Exclusion Criteria	
E. CASE /CONTROL POPULATION	
A. Control population	
1. Control population number of participants	
2. Control population Inclusion Criteria	
3. Control population Exclusion Criteria	
B. Case population	
1. Case population number of participants	
2. Case population Inclusion Criteria	
3. Case population Exclusion Criteria	
C. Case population	
1. Case population number of participants	
2. Case population Inclusion Criteria	
3. Case population Exclusion Criteria	
F. IMAGE DATA	
1. Type	
2. Number of Participants	
3. Inclusion Criteria[i.e. Matching the participants selected for the phenotypic data extraction; if not please indicate]	
4. Exclusion Criteria[i.e. Matching the participants selected for the	

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phenotypic data extraction; if not please indicate)	
G. BIOLOGICAL SAMPLE ACCESS	
1. Number of Samples	
2. Inclusion Criteria[i.e. Matching the participants selected for the phenotypic data extraction; if not please indicate)	
3. Exclusion Criteria[i.e. Matching the participants selected for the phenotypic data extraction; if not please indicate)	
4. Sample Type	
5. Sample Volume (in ul)	
H. GENOMIC DATA (If different number of inclusion and exclusion criteria required by specimen number)	
1. Number of Participants	
2. File format	
3. Inclusion Criteria[i.e. Matching the participants selected for the phenotypic data extraction; if not please indicate)	
4. Exclusion Criteria[i.e. Matching the participants selected for the phenotypic data extraction; if not please indicate)	

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I. POTENTIAL IMPACT (200 - 400 Words)

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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 <input type="checkbox"/> Conference <input type="checkbox"/> Poster <input type="checkbox"/> Presentation <input type="checkbox"/> Publications <input type="checkbox"/> other methods

7. INTELLECTUAL PROPERTY		
Is there intellectual property that will be derived from this project? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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, BIOLOGICAL SAMPLE AND FACILITY REQUESTED			
Please tick the required data/measure box required for your project			

A. QUESTIONNAIRE DATA			
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Type	Cost/ participants in (QR)	Number of participants Data requested	Total Cost (QR)
1. <input type="checkbox"/> Socio-economic status	1.50		
2. <input type="checkbox"/> Occupational exposure	1.50		

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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		
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		


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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		

TOTAL COST OF QUESTIONNAIRE DATA			
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B. CLINIC MEASUREMENT DATA			
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Type	Cost / participant in (QR)	Number of participants Data requested	Total Cost (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		
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"/> Bioimpedance body composition	1.00		

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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		

TOTAL COST OF CLINIC MEASUREMENT DATA			
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C. LABORATORY DATA			
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Type	Cost / panel in (QR)	Number of panel requested	Total Cost (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 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),	6.00		

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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	6.00			
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	6.00			
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			
TOTAL COST OF LABORATORY DATA				


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D. BIOLOGICAL SAMPLES (Samples Required: Please tick the type and mention the quantity of samples required)					
Type	Unit	Cost / Unit in (QR)	Number of Units per Participants	Number of Participants	Total Cost (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	1.00			
5. <input type="checkbox"/> Erythrocyte	40ul	3.50			
6. <input type="checkbox"/> Urine	50ul	3.0			
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	21.0			
11. <input type="checkbox"/> Total RNA	ng				
TOTAL COST OF BIOLOGICAL SAMPLES					

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E. GENOMIC DATA:			
Data	Cost/ Participa nt in (QR)	Number of Participants	Total Cost
1. <input type="checkbox"/> Genomic Data (QBB samples)	300		
2. <input type="checkbox"/> Non QBB sequenced samples	7000		
TOTAL COST OF GENOMIC DATA			
F. GENOMIC DATA FILE FORMAT REQUESTED			
Whole Genome Sequencing Data Type	Build	Number of participants	
1. <input type="checkbox"/> Raw sequence reads file (FASTQ)			
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 Type	Build	Number of participants	
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)	Number of Participants	Total Cost
Metabolomics	70.00		

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TOTAL COST OF METABOLOMIC DATA				
H. PROTEOMIC REQUEST				
Data	Cost/ Participant in (QR)	Number of Participants	Total Cost	
Proteomic	140.00			
TOTAL COST OF PROTEOMIC DATA				
I. FACILITIES REQUEST / PROJECT MANAGEMENT				
Please tick the resource and specify the quantity required				
Type of Resources	Quantity	Description		
1. <input type="checkbox"/> Nurses or other member of staff				
2. <input type="checkbox"/> QBB premises / facilities				
3. <input type="checkbox"/> Equipment and instruments				
<p>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.</p>				
TOTAL COST OF FACILITY				
SUMMARISED TOTAL COST (A TO I)				

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J. 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"/> Environment & Health
<input type="checkbox"/> Others (please specify)-	


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

<input type="checkbox"/>	Qatar Biobank will follow a standard procedure (subject to review and modifications by Qatar Biobank Scientific and Access Committees) to the assessment of all applications.
<input type="checkbox"/>	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.
<input type="checkbox"/>	The principal investigator has to provide Qatar Biobank with all required protocol(s), Institutional Endorsement letter and IRB approval.
<input type="checkbox"/>	Applicants are not entitled to transfer the data and/or samples to a third party without the approval of Qatar Biobank.
<input type="checkbox"/>	Any residual samples are destroyed in the presence of Qatar Biobank personnel or returned at the end of the research project to QBB.
<input type="checkbox"/>	Any new derived data are returned to Qatar Biobank for the purpose of enriching the database and preventing duplication of effort.
<input type="checkbox"/>	All data and information accessed via Qatar Biobank and / or Qatar Genome Programme will be dealt with highest secure and confidential manner. 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.

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L. SIGNATURE	
Name of the PI	
Title	
Institution	
Date	
Signature	

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ANOTHER CO-APPLICANT'S / CO-LEAD PI DETAILS	
Title	
Surname	
Forename	
Designation	
Department	
Institution	
Telephone Number	
Institution Address	
Email Address	