



QATAR PRECISION HEALTH INSTITUTE			 
RESEARCH ACCESS DIRECTORATE			
QPHI SUPPLEMENTARY APPLICATION FORM			
Document ID Code: QPHI-RES-FO-016	Rev 06	Page 1 of 11	

Research Application No _____

1. PROJECT DETAILS	
Project Title	
Lead PI Name	
Project Code Reference- QBB	

2. JUSTIFICATION FOR THE SUPPLEMENTARY REQUEST

This is to confirm that there is no change in inclusion and exclusion criteria submitted in Access Application Form

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3. DATA, BIOLOGICAL SAMPLE AND FACILITY REQUESTED

Please tick the Supplementary data/measure box required for your project

A. QUESTIONNAIRE DATA

Type	Cost/ participants in (QR)	Number of participants Data requested	Total Cost (QR)
1. <input type="checkbox"/> Socio-economic status	1.50		0.00
2. <input type="checkbox"/> Occupational exposure	1.50		0.00
3. <input type="checkbox"/> Physical activity	1.50		0.00
4. <input type="checkbox"/> Mobile phone usage	1.50		0.00
5. <input type="checkbox"/> Sleeping patterns	1.50		0.00
6. <input type="checkbox"/> Smoking	1.50		0.00
7. <input type="checkbox"/> Childhood conditions / illnesses / family history	1.50		0.00
8. <input type="checkbox"/> Mental health	1.50		0.00
9. <input type="checkbox"/> General health	1.50		0.00
10. <input type="checkbox"/> Respiratory	1.50		0.00
11. <input type="checkbox"/> Chronic symptoms	1.50		0.00
12. <input type="checkbox"/> Women's Health	1.50		0.00
13. <input type="checkbox"/> Chronic diseases	1.50		0.00
14. <input type="checkbox"/> Antibiotics usage	1.50		0.00

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15. <input type="checkbox"/> Supplement usage	1.50		0.00
16. <input type="checkbox"/> Nationality	1.50		0.00
17. <input type="checkbox"/> Occupation	1.50		0.00
18. <input type="checkbox"/> Cancer	1.50		0.00
19. <input type="checkbox"/> Other medical conditions	1.50		0.00
20. <input type="checkbox"/> Surgery	1.50		0.00
21. <input type="checkbox"/> Family Medical History	1.50		0.00
22. <input type="checkbox"/> Medications	1.50		0.00
23. <input type="checkbox"/> Pregnancy and contraception	1.50		0.00
24. <input type="checkbox"/> Diet	1.50		0.00
25. <input type="checkbox"/> Coffee and tea	1.50		0.00
26. <input type="checkbox"/> Dairy products	1.50		0.00
27. <input type="checkbox"/> Fast food	1.50		0.00
28. <input type="checkbox"/> Drinks	1.50		0.00
29. <input type="checkbox"/> Other type of food consumed	1.50		0.00
30. <input type="checkbox"/> Fasting Time	1.50		0.00
TOTAL COST OF QUESTIONNAIRE DATA			0.00

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B. CLINIC MEASUREMENT DATA			
Type	Cost / participant in (QR)	Number of participants Data requested	Total Cost (QR)
1. <input type="checkbox"/> Cognitive test data	1.00		0.00
2. <input type="checkbox"/> Systolic and diastolic blood pressure & pulse	1.00		0.00
3. <input type="checkbox"/> Respiratory test	2.00		0.00
4. <input type="checkbox"/> Body Composition & Bone Densometer (iDXA)	3.00		0.00
5. <input type="checkbox"/> Height (Sitting)	1.00		0.00
6. <input type="checkbox"/> Weight	1.00		0.00
7. <input type="checkbox"/> Fitness Test (Heart Rate)	2.00		0.00
8. <input type="checkbox"/> Hand Grip strength	1.00		0.00
9. <input type="checkbox"/> Retina scan	3.00		0.00
10. <input type="checkbox"/> ECG at Rest	2.00		0.00
11. <input type="checkbox"/> Arterial stiffness	2.00		0.00
12. <input type="checkbox"/> Bioimpedance body composition	1.00		0.00
13. <input type="checkbox"/> Carotid artery scan (Ultra Sound)	3.00		0.00
14. <input type="checkbox"/> Height Standing	1.00		0.00
15. <input type="checkbox"/> Waist, WHR, BMI	1.00		0.00
TOTAL COST OF CLINIC MEASUREMENT DATA			0.00

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C. LABORATORY DATA

Type	Cost / panel in (QR)	Number of panel requested	Total Cost (QR)
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)	6.00		0.00
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), Total cholesterol, HDL Cholesterol, LDL Cholesterol, Triglycerides, Calcium, Phosphate, Uric acid, Creatinine Kinase, Iron, Total Iron binding capacity, Magnesium	6.00		0.00

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3. <input type="checkbox"/> Coagulation tests, including: Prothrombin Time (PT), International Normalised Ratio (INR), Partial Thromboplastin Time (PTT), Fibrinogen	6.00		0.00
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		0.00
5. <input type="checkbox"/> Immunology tests, including: Rheumatoid Factor, ANA, ANCA	6.00		0.00
6. <input type="checkbox"/> Cardiac Markers, including: Myoglobin, Brain Naturetic Peptide	6.00		0.00
7. <input type="checkbox"/> Trace Elements, including: Copper, Zinc	6.00		0.00
8. <input type="checkbox"/> Others such as HbAc1, Homocysteine	6.00		0.00
TOTAL COST OF LABORATORY DATA			0.00

D. ELECTRONIC MEDICAL RECORDS-EMR

(RECEIVED FROM HAMAD MEDICAL CORPORATION) DATA:

Type	Cost/Participant in (QR)	Participant Count	Total Cost
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ELECTRONIC MEDICAL RECORDS	5		0.00
TOTAL COST OF EMR DATA			0.00

E. MRI DATA			
Type	Cost/ participants in (QR)	Number of participants Data requested	Total Cost (QR)
1. <input type="checkbox"/> MRI whole body	150		0.00
2. <input type="checkbox"/> MRI brain	150		0.00
3. <input type="checkbox"/> CANTAB cognitive tests	20		0.00
TOTAL COST OF MRI DATA			0.00

F. 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)

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1. <input type="checkbox"/> Serum	100ul	2.70			0.00
2. <input type="checkbox"/> Plasma EDTA	250ul	1.70			0.00
3. <input type="checkbox"/> Buffy Coat	1ml	3.50			0.00
4. <input type="checkbox"/> DNA	1µg	64			0.00
5. <input type="checkbox"/> Erythrocyte	40ul	3.50			0.00
6. <input type="checkbox"/> Urine	500ul	3.0			0.00
7. <input type="checkbox"/> Saliva	50ul	11.0			0.00
8. <input type="checkbox"/> Saliva + RNA later	50ul	11.0			0.00
9. <input type="checkbox"/> CPT	45ul	6.0			0.00
10. <input type="checkbox"/> Plasma Sodium Citrate	80ul	2.1			0.00
11. <input type="checkbox"/> RNA	1µg	141			0.00
TOTAL COST OF BIOLOGICAL SAMPLES					0.00

G. GENOMIC DATA:			
Data	Cost/ Participant in (QR)	Number of Participants	TotalCost
1. <input type="checkbox"/> Genomic Data (QBB samples)	30		0.00

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2. <input type="checkbox"/> Non QBB sequenced samples	2500		0.00
TOTAL COST OF GENOMIC DATA			0.00

H. 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)		

I. METABOLOMIC REQUEST			
Data	Cost/ Participant in (QR)	Number of Participants	Total Cost
Metabolomics Data	70.00		0.00
TOTAL COST OF METABOLOMIC DATA			0.00

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J. PROTEOMIC REQUEST

Data	Cost/ Participant in (QR)	Number of Participants	Total Cost
Proteomic Data	140.00		0.00
TOTAL COST OF PROTEOMIC DATA			0.00

K. 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		

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.

TOTAL COST OF FACILITY	
SUMMARISED TOTAL COST (A TO I)	0.00

L. INSTITUTION REPRESENTATIVE SIGNATURE

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Name of the Institution Representative	
Title	
Institution	
Date	
Signature	

M. LEAD PI SIGNATURE	
Name of the PI	
Title	
Institution	
Date	
Signature	