



QATAR PRECISION HEALTH INSTITUTE			 
RESEARCH ACCESS DIRECTORATE			
SUPPLEMENTARY APPLICATION FORM			
Document ID Code: QPHI-RES-FO-016	Rev 06	Page 1 of 14	

Research Application No

1. PROJECT DETAILS	
Project Title	
PI Name	
Project Code Reference	

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

Copies other than electronic copies published in the QF portal are uncontrolled.

Research Application No

3. DATA, BIOLOGICAL SAMPLE AND FACILITY REQUESTED

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

A . QUESTIONNAIRE DATA

Type	Cost/ participan ts 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		
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		

Research Application No

14. <input type="checkbox"/> Antibiotics usage	1.50		
15. <input type="checkbox"/> Supplement usage	1.50		
16. <input type="checkbox"/> Alcohol consumption	1.50		
17. <input type="checkbox"/> Surgery	1.50		
18. <input type="checkbox"/> Nationality	1.50		
19. <input type="checkbox"/> Occupation	1.50		
20. <input type="checkbox"/> Health screening	1.50		
21. <input type="checkbox"/> Cancer	1.50		
22. <input type="checkbox"/> Other medical conditions	1.50		
23. <input type="checkbox"/> Family Medical History	1.50		
24. <input type="checkbox"/> Medications	1.50		
25. <input type="checkbox"/> Contraindication Questionnaire <ul style="list-style-type: none"> • Pregnancy and contraception • Allergy • Arterial Stiffness • Bioimpedance • Blood Pressure • 	1.50		
26. <input type="checkbox"/> Tracing and exposure contact history related to COVID-19 disease	1.50		
27. <input type="checkbox"/> Diet	1.50		
28. <input type="checkbox"/> Coffee and tea	1.50		
29. <input type="checkbox"/> Dairy products	1.50		
30. <input type="checkbox"/> Fast food	1.50		
31. <input type="checkbox"/> Drinks	1.50		

Research Application No

32. <input type="checkbox"/> Other type of food consumed	1.50		
33. <input type="checkbox"/> Fasting Time	1.50		
34. <input type="checkbox"/> General Health – 36 item short form health survey	1.50		
35. <input type="checkbox"/> WOMAC Osteoarthritis Index	1.50		
36. <input type="checkbox"/> Post COVID Syndrome Questionnaire <ul style="list-style-type: none"> • COVID-19 Hospitalization • COVID-19 Symptoms • COVID-19 Medical Conditions • Diabetes Peripheral Neuropathy • Fibromyalgia • Neuropathy Pain • PCR test • Severity of COVID-19 infection 	1.50		
37. <input type="checkbox"/> COVID-19 Immunization Questionnaire <ul style="list-style-type: none"> • Chronic Health Condition History • COVID Positive • COVID Vaccine • COVID vaccine adverse events • Health Care Utilization • Vaccine and Allergy Information 	1.50		
38. <input type="checkbox"/> Twin Survey Questionnaire	1.50		
TOTAL COST OF QUESTIONNAIRE DATA			

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		

Research Application No

2. <input type="checkbox"/> CANTAB Cognition Test	20.00		
3. <input type="checkbox"/> Systolic and diastolic blood pressure & pulse	1.00		
4. <input type="checkbox"/> Respiratory test	2.00		
5. <input type="checkbox"/> Body Composition & Bone Densometer (iDXA)	3.00		
6. <input type="checkbox"/> Anthropometric measures	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		
13. <input type="checkbox"/> Carotid artery scan (Ultra Sound)	3.00		
TOTAL COST OF CLINIC MEASUREMENT DATA			

Research Application No

C. LABORATORY DATA

Type	Cost / panel in (QR)	Number of panel requested	Total Cost (QR)
<input type="checkbox"/> 1. Blood Count, 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		
<input type="checkbox"/> 2. Clinical Chemistry 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,	6.00		

Copies other than electronic copies published in the QF portal are uncontrolled.

Research Application No

	Total Iron binding capacity, Magnesium			
<input type="checkbox"/> 3. Coagulation tests	Prothrombin Time (PT), International Normalised Ratio (INR), Partial Thromboplastin Time (PTT), Fibrinogen	6.00		
<input type="checkbox"/> 4. Endocrinology tests	Vitamin D, T3, T4, TSH, Ferritin, Folate, Vitamin B12, C Peptide, Insulin, Testosterone, Estradiol, Sex Hormone Binding Globulin	6.00		
<input type="checkbox"/> 5. Immunology tests, including:	Rheumatoid Factor, ANA, ANCA	6.00		
<input type="checkbox"/> 6. Cardiac Markers	Myoglobin, Brain Naturetic Peptide	6.00		
<input type="checkbox"/> 7. Trace Elements	Copper, Zinc	6.00		
<input type="checkbox"/> 8. Others	HbA1c, Homocysteine	6.00		
TOTAL COST OF LABORATORY DATA				

Research Application No

D. ELECTRONIC MEDICAL RECORDS-EMR (RECEIVED FROM HAMAD MEDICAL CORPORATION) DATA:			
Type	Cost/Participant in (QR)	Number of participants Data requested	Total Cost
<input type="checkbox"/> EMR Electronic Medical Records Data-External Source provided by HMC	5.00		
TOTAL COST OF EMR DATA			

E. MRI DATA			
Type	Cost/ participants in (QR)	Number of participants Data requested	Total Cost (QR)
1. <input type="checkbox"/> MRI whole body	150.00		
2. <input type="checkbox"/> MRI brain	150.00		
TOTAL COST OF MRI DATA			

Research Application No

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	Total Cost (QR)
1. <input type="checkbox"/> Serum	100ul	2.70		
	200 ul	2.70		
	300 ul	2.70		
	500 ul	2.70		
2. <input type="checkbox"/> Plasma EDTA	100ul	1.70		
	250ul	1.70		
	400ul	1.70		
	500ul	1.70		
3. <input type="checkbox"/> Buffy Coat	400ul	3.50		
	1ml	3.50		
4. <input type="checkbox"/> DNA	1µg	64.00		
5. <input type="checkbox"/> Erythrocyte	400ul	3.50		
	500ul	3.50		
6. <input type="checkbox"/> Urine	400ul	3.00		
	500ul	3.00		
7. <input type="checkbox"/> Saliva	200ul	11.00		
	400ul	11.00		
	500ul	11.00		
8. <input type="checkbox"/> Saliva + RNA later	500ul	11.00		
9. <input type="checkbox"/> PBMCs (Viable cells)	450ul	6.00		
10. <input type="checkbox"/> Plasma Sodium Citrate	500ul	2.10		
11. <input type="checkbox"/> RNA	1µg	141.00		

Copies other than electronic copies published in the QF portal are uncontrolled.

Research Application No

12. <input type="checkbox"/> Stool plain	1 ml	10.00		
13. <input type="checkbox"/> Stool omigine	3 ml	65.00		
TOTAL COST OF BIOLOGICAL SAMPLES				

G. GENOMIC DATA:			
Data	Cost/ Participant in (QR)	Number of Participants	Total Cost
1. <input type="checkbox"/> Genomic Data (QBB samples)	30.00		
2. <input type="checkbox"/> Non QBB sequenced samples	2500.00		
TOTAL COST OF GENOMIC DATA			

H. GENOMIC DATA FILE FORMAT REQUESTED (Build hg38)			
Whole Genome Sequencing Data Type	File Names / Formats	Description	Number of participants
<input type="checkbox"/> Small variants	- SAMPLE_ID.hard-filtered.vcf.gz - SAMPLE_ID.hard-filtered.vcf.gz.tbi	SNV + InDel variants	
<input type="checkbox"/> CNV	- SAMPLE_ID.cnv.vcf.gz - SAMPLE_ID.cnv.vcf.gz.tbi - SAMPLE_ID.cnv_sv.vcf.gz - SAMPLE_ID.cnv_sv.vcf.gz.tbi	Copy Number Variations	
<input type="checkbox"/> SV	- SAMPLE_ID.sv.vcf.gz - SAMPLE_ID.sv.vcf.gz.tbi	Structural Variants	
<input type="checkbox"/> Targeted callers	- SAMPLE_ID.targeted.json - SAMPLE_ID.targeted.vcf.gz - SAMPLE_ID.targeted.vcf.gz.tbi	cyp2b6 + cyp2d6 + cyp21a2 + gba + hba + lpa + rh + smn + star_allele	

Research Application No

		variants	
<input type="checkbox"/> CYP2B6	- SAMPLE_ID.cyp2b6.tsv	CYP2B6 variants	
<input type="checkbox"/> CYP2D6	- SAMPLE_ID.cyp2d6.tsv	CYP2D6 variants	
<input type="checkbox"/> GBA	- SAMPLE_ID.gba.tsv	GBA genes variants	
<input type="checkbox"/> HLA	- SAMPLE_ID.hla.tsv - SAMPLE_ID.hla_2field_EM.tsv - SAMPLE_ID.hla_metrics.csv	HLA class I and class II alleles with two-field resolution, also known as four-digit resolution	
<input type="checkbox"/> SMN	- SAMPLE_ID.smn.tsv	SMN caller variants	
<input type="checkbox"/> star_allele	- SAMPLE_ID.star_allele.json - SAMPLE_ID.star_allele.tsv	PGx genes that are included in FDA's PGx recommendations or have CPIC Level A designation : CACNA1S, CFTR, CYP2C19, CYP2C9, CYP3A5, CYP4F2, IFNL3, RYR1, NUDT15, SLCO1B1, TPMT, UGT1A1, VKORC1, DPYD, G6PD, MT-RNR1, BCHE, ABCG2, NAT2, F5, and UGT2B17	

Research Application No

<input type="checkbox"/> Repeat Expansion	- SAMPLE_ID.repeats.bam - SAMPLE_ID.repeats.vcf.gz - SAMPLE_ID.repeats.vcf.gz.tbi	Short tandem repeats (STRs)	
<input type="checkbox"/> Regions of homozygosity (ROH)	- SAMPLE_ID.roh.bed	Runs of homozygosity	
<input type="checkbox"/> Alignment file	- SAMPLE_ID.{cram/bam} - SAMPLE_ID. {cram/bam}.crai	Data provided upon clear justification	

COHORT LEVEL FILES

Whole Genome Sequencing data type	File Names / Formats	Description	Number of participants
<input type="checkbox"/> Cohort multi-sample VCF	*.Agg.vcf.gz *.Agg.vcf.gz.tbi *.ANNOTATED.Agg.vcf.gz *.Agg.vcf.gz.tbi - PLINK v1.9 : bed/bim/fam files - GCTA v1.94 : GRM matrix + 20 PCs (eigenvec file) - Hail v0.2.128 : matrix table - king v2.2.7 : List of unrelared samples + Kinship matrix	Multi-sample VCF file for the cohort (msVCF) + annotations + downstream analysis files	

I. METABOLOMIC REQUEST

Data	Cost/ Participant in (QR)	Number of Participants	Total Cost
<input type="checkbox"/> Metabolomics Data	70.00		
TOTAL COST OF METABOLOMIC DATA			

Copies other than electronic copies published in the QF portal are uncontrolled.

Research Application No

J. PROTEOMIC REQUEST			
Data	Cost/ Participant in (QR)	Number of Participants	Total Cost
<input type="checkbox"/> Proteomic Data	140.00		
TOTAL COST OF PROTEOMIC DATA			

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		
<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) in QR		

Research Application No

L. INSTITUTION REPRESENTATIVE SIGNATURE

Name of the Institution Representative	
Title	
Institution	
Date	
Signature	

M. PI SIGNATURE

Name of the PI	
Title	
Institution	
Date	
Signature	