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Guidelines for applicants

# INTER-SUSTAIN PART 2: RESEARCH PROJECTS

## Facts about the call

**Total amount available for granting**:
DKK 75 million (in total for Inter-SUSTAIN Part 1 and 2) in up to three calls over a period of up to three years.

**Amount available per grant:**
Up to DKK 5 million per grant

Call opens:
**November 2025**

Call closes:
**10 February 2026**

Applicant notification:
**June 2026**

Earliest start date:
**1 September 2026**

Latest start date:
**1 September 2027**

**Review committee:**
Committee on Clinical and Translational Medicine

**Contact:**

Kristina Rohde Larsen
Grant Manager
E-mail: kro@novo.dk

Douglas Oliveira
Scientific Manager
E-mail: dol@novo.dk

All Grant Recipients must comply with the 'General Terms and Conditions' for grants from the Novo Nordisk Foundation (the Foundation).

The Foundation will treat all applicant and application information confidentially. Read more about how the Foundation processes personal data under 'privacy & security' in the online application system, NORMA. See how to access NORMA in section 2 of these guidelines.

You can find more information about the Foundation's application and granting process at the NORMA Help Centre. Detailed information about the different parts of the application is available in NORMA.

# 1 Inter-SUSTAIN Part 2: Research Projects

## 1.1 Purpose

The purpose of the Inter-SUSTAIN call is to advance science by stimulating high-quality international databases to make their data attractive, accessible and usable for the research community based in the Nordics (Denmark, Finland, Iceland, Norway or Sweden) or in the United Kingdom, specifically for research within cardiometabolic diseases (CMD), infectious diseases, and regenerative medicine. This will be achieved through a dual funding mechanism, whereby both database custodians and researchers utilising the data will receive funding. The call aims at strengthening the databases' infrastructure and foster researcher collaborations with users external to the database. Any new data generated by the research will be added to the database, enhancing its content and attractiveness.

In this context, the NNF defines databases as any datasets and the infrastructure around them which allows data collection, annotation, integration, cleaning, management, and efforts that promotes FAIR- and, when applicable, CARE principles as well as secure and ethical use of data.

Given its dual funding mechanism of supporting both databases and researchers, the call will be implemented in two parts:

**Part 1: Databases (call is closed)**

In Part 1, databases were screened and shortlisted by the NNF. The shortlisted databases are included below. Databases do not need to focus on CMD, infectious diseases, or regenerative medicine, but must contain data which may be used for research within these areas. No funding is granted in Part 1. In Part 2, shortlisted databases may be selected by a researcher for their research project and thus receive funding, provided that the research project is selected for funding by the Committee on Clinical and Translational Medicine.

**Part 2: Research Projects (this call)**

In Part 2, researchers submit their research projects that focus on CMD, infectious disease, or regenerative medicine and make use of existing data from one of shortlisted databases. The Committee on Clinical and Translational Medicine will evaluate and select the projects for funding. Databases selected by the awarded

projects will also receive funding.

**Important information:**

- *A table of the shortlisted databases is enclosed below.*
- *It is the responsibility of the researcher to ensure that their research proposal is feasible with the database selected. See section 3.5 (Appendices) below for further information about requirements for the Letter of Commitment from the selected database.*
- *For questions to the databases, please contact them directly (contact information provided in the table of databases).*
- *The collaboration between the researcher and the database is the sole responsibility of these parties.*
- *If the research proposal is used to generate new data, the new data must be submitted to the database following a maximum of two years after the data is generated or published. This two-year exclusivity ensures applicants can generate, analyse, and publish their data before sharing it with the database and their users, while also enriching their existing resource.*
- *One research proposal may request data from up to two of the shortlisted databases. This is neither preferred nor discouraged. If the applicant is successful, both databases will be supported.*

**Note: these guidelines apply to Part 2 (for researchers) of the NNF Inter-SUSTAIN call.** For reference, the guidelines from Part 1 (for database custodians) are available here: Inter-SUSTAIN - Part 1: Database custodians (Invited applicants only) - Novo Nordisk Fonden

## 1.2 Areas of support

Part 2 of the Inter-SUSTAIN call invites proposals from researchers that make use of the databases shortlisted in Part 1. The research project must have a clear relevance to research within CMD, infectious disease, or regenerative medicine, including but not limited to mechanisms, prevention, prognosis, diagnosis, methodologies, or epidemiology.

## 1.3 Eligibility

- Principal investigators (main applicant) must be independent researchers, already established, or in the process of establishing their own research group.

- The research activities and main applicant must be anchored at a university, hospital or other non-profit research institution in the Nordics (Denmark, Finland, Iceland, Norway, Sweden) or the United Kingdom.

- The main applicant must be guaranteed their own salary for the entire applied project period (i.e., salary for the main applicant cannot be covered in this grant).

- Students (incl. MSc. and Ph.D.) and Postdocs are not eligible to apply as main applicant.

- Applicants who are shortlisted as database custodians cannot submit an application as a main applicant for a research proposal relating to their own database in Inter-SUSTAIN Part 2.

- Database custodians or researchers already funded by the NNF Sustain Programme are not eligible.

- One proposal permitted per main applicant per call.

## 1.4 Funding

A total of up to DKK 75 million is available for Part 1 and Part 2 of the NNF Inter-SUSTAIN call, awarded in up to three calls over a period of up to three years.

Researchers in Part 2 can apply for grants between DKK 1 million and DKK 5 million for projects lasting between one to three years.

**Applicants may apply for funding for the following types of expenses directly related to the project:**

- Salary for technicians, bio-analysts, and other technical assistance, including laboratory administrators.
- Salary for postdoctoral researchers.
- Salary for Ph.D. students.
- Tuition fee for Ph.D. students up to DKK 80,000 per year per Ph.D. student. Must be specified in the budget.
- Salary for research-year students, up to DKK 150,000 per budget year.
- Salary for employees or project consultants at all staffing levels, including project management; however, researchers in permanent positions will not receive funding for their own salary.
- Travel expenses in relation to the project, e.g. conference and workshop participation and presentation of research results derived from the project, up to DKK 25,000 per budget year.
- Other travel expenses that are directly related to the project, e.g. for experiments carried out in other labs for a limited period of time.
- Publication of results originating from the project, up to DKK 50,000 per budget year.
- Communication and outreach in the form of conferences, books, articles and other dissemination directly related to the project.

- Smaller equipment required for the project, up to DKK 200,000 per budget year.
- Operating expenses: Direct expenses for developing, implementing and operating the project, including materials and equipment.
- Consumables, materials, animals, services, etc., directly related to the project.
- Project supplement for research grants (Danish universities only).
- Bench fee (not applicable to Danish universities).
- Administrative support up to 5% of overall budget – must be included in the budget (not applicable to Danish universities).

**Full-time equivalents (FTEs)**
For each salary entry, please specify the FTE in years within the designated FTE field. This will indicate the proportion of a full-time position that the project funding will support for each year of the grant period. One full-time employee for one year equals 1.0 FTE.

**Bench fee** (not applicable to Danish universities)
Bench fee can be included in the budget for support of individual researchers to cover expenses needed to conduct the proposed research.

Bench fee is calculated per academic employee actively working on the project (eligible to apply for salary). It may only be used for expenses related to the research project which cannot be included within another individual budget category. Bench fee may account for a maximum of DKK 8,000 per month per FTE. The budget must specify the expenses covered by the bench fee, which may include:

- Common or shared laboratory expenses and consumables
- Laboratory utilities (electricity, gas, water)
- Maintenance of essential equipment
- Service contracts
- Technical and IT support

**PLEASE NOTE** that bench fee cannot cover rent, administrative support, representation, social contributions etc. A valid bench fee policy in line with the Foundation's requirements must be available at the time of application, and this official documentation from the administrating/co-applicant's institution must be provided upon request.

**Project supplement for research grants:** (Danish universities only)
The project supplement contributes to the coverage of indirect costs at Danish universities, and replaces budget posts such as administrative costs, bench fee and parental leave.

More information on the joint model for project supplement is found at Universities Denmark's website. Questions related to the project supplement should be directed to the research support units at your university.

**Administrative support** (not applicable to Danish universities)
Administrative support may account for a maximum of 5% of the total budget and must be included therein. The administrative support:

- can cover expenses such as for accounting, payment of salaries, purchasing, hiring, as well as auditing and financial reporting on the project
- cannot cover administrative expenses that are not directly related to the project
- can via the host institution be shared between the institutions of the main- and co-applicant(s), as detailed in the application budget
- is not automatically included in the grant and must be stated/applied for in the application budget but should not be specified in detail

**The Foundation will not award funding for:**

- Salary for the main applicant
- Commercial activities
- Overhead/indirect costs (such as rent, electricity, water and maintenance)
- Double funding of projects:
  - If the applicant has received funding for the proposed project from other sources, in part or in full, this must be accounted for in the budget, as no budgetary overlaps are allowed
  - If an identical or overlapping project proposal has been submitted to other funding institutions than the Foundation, it must be noted in the application
  - If the applicant receives funding for the project, or parts of the project, from other sources following submission of the application to the Foundation, the Foundation must be informed immediately
- Grant and projects involving use of products where Novo Group companies have a commercial interest (i.e. anti-obesity medications) must be in accordance with the Foundation's Policy on Engaged Ownership of Novo Group Companies, as well as internal NNF policies. In general, NNF will not fund projects where weight loss in a trial using anti-obesity medication is a primary goal.

## 1.5 Language

The application and all additional materials must be submitted in English.

## 1.6 Application process

After the call deadline, all applications will be screened by the NNF for general eligibility as described in section 1.3, before being sent to the Committee on Clinical and Translational Medicine for evaluation.

The Committee will assess the research proposals comprehensively based on the Assessment criteria described in section 1.7.

When all applications have been assessed, applicants will be notified about whether they have been awarded a grant. The notification e-mail will be sent from norma-noreply@novo.dk to the e-mail address used when creating a profile in NORMA.

**PLEASE NOTE:** The Foundation **does not provide feedback** in case an application is declined.

## 1.7 Assessment criteria

NNF's Committee on Translational and Clinical Medicine will assess the quality, novelty, and feasibility of the projects primarily based on the following criteria:

- Scientific originality and relevance
- Scientific or broader societal impact
- Scientific approach
- Scientific environment and collaboration
- Background and expertise (relative to career stage) of the applicant.

The following may also be taken into consideration:

- The quality of the project should be weighted over the CV of the applicant.
- Preference to research proposals that will generate new data of value to the database (must be declared by the database in the letter of commitment).
- Preference to new users of the database, i.e., no existing or in-progress publication using the database's data (must be disclosed by the database in the letter of commitment).

If you have an active grant from the Foundation, this may be taken into consideration in the evaluation of your application for a new grant. In general, it is recommended that the main applicant has delivered results on the active grant(s) before submission of a new application to the Foundation. If you apply while having an active grant from the Foundation, you must describe how the project you propose in this application is different from and/or coherent with the project(s) already funded and briefly describe the progress of the already funded project(s). This information should be included in the **Project Description**.

# 2 The application and grant management system NORMA

## 2.1 Creating and submitting an application

The Foundation uses the application and grant management system NORMA: https://norma.novonordiskfonden.dk

If you do not have a user profile in NORMA, you can create one by clicking **Register** on the login page. The main applicant should only have one user profile. Please use your work e-mail address for registration.

The registered user who submits an application will be legally responsible for the truthfulness of the content of the application.

You can find guidance on how to create and submit an application at: NORMA Help Centre.

If you experience technical problems and cannot find a solution in the NORMA Help Centre, please contact NORMA Support: norma-support@novo.dk.

# 3 Application content

This section provides guidelines on the content required in the sections of the online application form for this call. Detailed information about the different parts of the application is available in NORMA.

## 3.1 Applicant

The **Applicant** tab relates to information about the main applicant.

**CV** can be maximum 4,000 characters.
Please include your ORCID ID, total number of peer-reviewed publications, number of first authorships, number of corresponding authorships, number of citations, and H-index (Web of Science). Also address your education, research and professional affiliations, funding, awards/prizes, teaching roles and administrative experience.

**Publication list** can be a maximum of 5,000 characters.
Include your 10 most relevant publications. Please list each author for each publication with your own name highlighted.

**Previous and current grants from NNF**
If you have submitted other applications to the Foundation, you must list them in the table ONLY if they are still under review and thus a granting decision has not yet been made.

If you have received any grants from the Foundation as an applicant or a co-applicant within the past five years, you must provide the application number, project title, grant period (in years), grant amount and the percentage share of the grant (100% if there is no co-applicant). Briefly summarise how any of the grants are related to the current application.

## 3.2 Institution

Please provide information about the institution where the grant will be administered. This institution is where the main applicant will be employed during the grant period, and the institution that will ultimately be responsible for administering and allocating the grant, including budgeting, financial reporting and staff supported by the grant.

**It can take up to five working days to register a new administrating institution in NORMA.**
The application cannot be submitted before the institution has been registered.

## 3.3 Proposal

Describe the project using the fields in the **Proposal** tab.

**PROJECT TITLE**
Please provide a short title for the project (maximum 150 characters, including spaces).

**BRIEF PROJECT DESCRIPTION incl. CHOICE OF DATABASE**
Please provide a brief stand-alone summary of the project describing its purpose and primary methodologies and activities (maximum 2,000 characters, including spaces, line breaks and special characters).

**Important**: In a separate section headlined '**Choice of database'**, please clearly state the name of the database and describe why and how the selected database is relevant for the project. In the drop-down list in NORMA, please select up to two databases (one per drop-down list).

**PROJECT DESCRIPTION**
Successful applications describe focused projects, feasible within the budget, timeframe and the manpower requested (maximum 20,000 characters, including spaces, line breaks and special characters).

Please consider the following:

- Describe your proposed research project in detail – including purpose, state-of-the-art, background, methods, implementation, novelty, feasibility, and the significance of the project.
- In case of collaboration with another research group, its nature must be described in the project description, and the main applicant must be the leader of the project. The role of the collaborator must also be described.
- Include a short paragraph of the synergy of the proposed project with ongoing project(s) and already funded activities.
- You are encouraged to include and describe preliminary data.
- Up to four illustrations (figures, tables, diagrams etc.) can be uploaded. Please only include illustrations relevant for the assessment of your application. Inclusion of a Gantt Chart and preliminary data as figures are welcomed.

- In case you are submitting a project proposal, which has been submitted to NNF before, please clearly describe what has changed/improved in the application/project.
- Abbreviations should be defined at the first use, and preferably a list of abbreviations should be included in the project description.

**ILLUSTRATION UPLOADS**
A maximum of four illustrations can be uploaded here.

The following file formats for illustrations are accepted in the system: JPG, JPEG, PNG and BMP. The maximum accepted size for each illustration is 50 MB and 1050*1650 pixels.

**LITERATURE REFERENCES**
Please provide the reference information for the literature cited in the project description (maximum 8,000 characters, including spaces, line breaks and special characters). To simplify and shorten the entries, include only first author (Author last name, first name/or initials) + et al. References should always include year, article title, journal name and volume/issue number and DOI or URL.

**LAY PROJECT DESCRIPTION**
Please provide a brief summary for non-experts in lay language. If the application is awarded a grant, the text may be used for publication (maximum 1,000 characters, including spaces, line breaks and special characters).

**FORMATTING**
Formatting issues may occur if copying from Microsoft Word or any other comparable word processors into NORMA. After pasting, please review and adjust the formatting as needed to ensure consistency with the intended style and layout of your content. An alternative solution is to copy the text into a simple text editor (for example Notepad) and thereafter copying the text into NORMA. For readability purposes, standard fonts, font size 11-12, and line spacing between 1.0 - 1.5 should be used.

## 3.4 Budget

Enter the project grant period, and the budget template will become available.
Only budget information submitted via the **Budget** tab will be considered in the review process. Any additional budget information attached under **Appendices** (or any other tabs) will not be considered.

## 3.5 Appendices

**All uploads must be in PDF format.** NORMA automatically places these uploads at the end of the application. Appendices other than those specified here are not permitted and will not be included in the evaluation. All appendices listed below are mandatory.

- **Letter of commitment from the selected database(s):** (limit of 1 upload per database), signed by the management of the database, including the following:
    - confirmation that the data is suitable, feasible and appropriate for the research proposal and that the database is committed to the project, incl. providing no-payment data access relevant to the research project in case the project gets funded in Inter-SUSTAIN Part 2.
    - flagging incompatibilities or limitations, if any.
    - declare the degree to which the research proposal will generate new data of value to the database.
    - disclose the degree to which the principal investigator (Main Applicant) and/or any of the collaborations are new users of the database.

- **Hosting letter**: (limit of 1 upload) from the administrating host institution, signed by the head of the institute (must be management level and must be someone else than the main applicant in case the main applicant is management level). The hosting letter must confirm the following:
    - that the host institution accepts that the project will take place at the given institution and that the institution will provide the required infrastructure, such as laboratory and office space, and administration of the grant.
    - that the host institution has agreed to the submitted budget and that the host institution will manage the potential grant according to this budget.
    - the terms of employment at the host institution should be described, incl. that the main applicant's employment and/or funding for the main applicant's salary is secured.

- **Support letter(s)**: In case of collaboration with another research group, letter(s) of support from collaborating research group(s), signed by the management of the collaborator's institution.

- **Co-signed letter of agreement (such as DTA or MTA)**: If the research proposal involves the use of samples from any biobank (an independent biobank or a biobank affiliated with the database the applicant is applying to use), the applicant must include a co-signed letter of agreement clearly defining the samples (quantity, type, location) and analysis plan (omics, etc).

# SELECTED DATABASES



| Database and contact info | Description (provided by the database) |
|---|---|
| **BELIEVE**<br>**Custodian:** John Danesh<br>**Email:** jd292@cam.ac.uk | One of the world's largest longitudinal multi-omic cohorts in a low/middle income country, the ~75,000 participant BELIEVE study is configured to support studies of cardiometabolic and infectious diseases across urban, slum and rural settings in Bangladesh. As well as baseline participant information (e.g., personal/household exposures, behaviours, medical history) and stored biosamples for additional assays (e.g., plasma/serum/blood/nails), BELIEVE has already recorded several 'omics in the entire cohort or in large subsets (e.g., whole-exomes, GWAS, proteomics, metabolomics glycomics) plus candidate biomarkers (e.g., HbA1c, lipids, full blood counts). Incident health/disease outcomes are being recorded through active follow-up. As participants (aged 11-99) have consented to recall for additional studies/samples, BELIEVE enables lifecourse studies, benefiting from advantages of both population and family-based designs. |
| **The Fenland Study**<br>**Custodian:** Nick Wareham<br>**Email:** nick.wareham@mrc-epid.cam.ac.uk | The Fenland Study is a population-based cohort established in 2005 which recruited 12,435 people aged 30-55. Two phases of repeat measurement ran until 2025. This study has a unique focus on quantitative metabolic traits and changes in those traits and their determinants over time.<br>At each phase, participants were metabolically phenotyped and completed oral glucose tolerance tests with standard clinical biochemistry measures plus metabolic markers (insulin, c-peptide, leptin, adiponectin, non-esterified fatty acids). Full cohort proteomics and metabolomics has been conducted as well as genotyping and whole exome sequencing. The cohort includes measurement of body composition, subcutaneous/hepatic fat, free-living and resting energy expenditure and dietary intake.<br>Over 800k sample aliquots have been stored including whole blood, plasma, serum, urine and PBMCs. |

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| **EPIC-Norfolk**<br>**Custodian:** Nita Forouhi<br>**Email:** nita.forouhi@mrc-epid.cam.ac.uk | The EPIC-Norfolk study is a population-based prospective cohort enabling the investigation of determinants of cardiometabolic, other chronic and infectious diseases, death, multimorbidity and healthy ageing.<br>The study recruited 30,447 men and women aged 40-79 years between 1993-1997 in Norfolk, U.K. It collected data and biosamples over 5 study phases, with ongoing follow-up through record-linkage, currently including 30 years elapsed time for health outcomes.<br>Study resources include clinical and anthropometric data, health behaviours e.g. physical activity and diet (using food frequency questionnaire and 7-day food diary), imaging data (DEXA scans, hand and face photographs, retinal images) and biomarkers including clinical biochemistry, genetics, proteomics, metabolomics, immune markers, nutritional biomarkers.<br>The study has an extensive bioresource available for analysis, e.g. serum, plasma, urine. |
| **The PINCH Database**<br>**Custodian:** Dorte Gyrd-Hansen<br>**Email:** dgh@sdu.dk | The PINCH database offers a unique opportunity to conduct research relating to Danish general practices, and to track individual patient pathways through the Danish health care system. The database combines variables from clinical databases and extensive registry data across healthcare sectors. Linked information is available from 2014 for residents and general practice clinics. The database contains processed variables on patients' health care utilization, comorbidities and sociodemographic characteristics based on information from the Danish Health Data Authority (SDS), the Regions' Clinical Quality Programme (RKKP), the Danish Health Service's Organisation Register (SOR) and Statistics Denmark (DST). Data has been collected and pseudonymized, processed and enriched by SDU and is updated yearly. Variables are available at a monthly and yearly level. |
| **The Danish Working Hour Database (DAD)**<br>**Custodian:** Anne Helene Garde<br>**Email:** ahg@nfa.dk | The Danish Working Hour Database (DAD) supports research on shift work, circadian rhythms and health. It comprises three datasets: DAD-working hours, containing daily working hours and sickness absence for all employees in Danish public hospitals since 2007 (N=343,620; ~500 million observations); DAD-lifestyle, a subsample (N=37,077) who completed a brief lifestyle questionnaire in 2015–2016; and the 1001 Nights-Cohort (N=1,075), with extensive data collection from 2022–2024, including questionnaires, sleep logs, blood and saliva, clinical measures, and wearable-based assessments of sleep, physical activity, light, skin temperature, and blood glucose. All data can be linked at the individual level to Danish national health registers, enabling comprehensive longitudinal analyses of work patterns, circadian misalignment and health outcomes. |

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| **Copenhagen Aging and Midlife Biobank (CAMB)**<br>**Custodian:** Rikke Lund<br>**Email:** rilu@sund.ku.dk | Copenhagen Aging and Midlife Biobank (CAMB) is a Danish cross-disciplinary aging- and life-course data infrastructure, and one of very few research infrastructures globally which includes high resolution data on life course factors potentially influencing the ageing process from midlife into old age. CAMB includes three cohorts (~24,000 women and men born 1948-61), two of which have been followed since birth covering obstetric, social, and health related factors in early life, childhood, and adult life. Aging markers have been assessed at test visit in 2009-11 for a subsample (~5,600) including comprehensive information on inflammation, physical and cognitive functioning, and metabolic and cardiovascular health measures. All cohort members are linked to Danish Health and social registers from late 1970'ies and onwards |
| **SIMPLER**<br>**Custodian:** Karl Michaëlsson<br>**Email:** Karl.Michaelsson@uu.se | SIMPLER comprises two large population-based longitudinal cohorts and three region-specific subcohorts, an extensive biobank with diverse samples, and a large database that now includes a growing omics component. This includes proteomics (blood), various metabolomics (blood, fat, urine, and stool), lipidomics (blood and fat), and metagenomics (stool and saliva). The infrastructure, initiated in 1987, provides information about 110,000 men and women (born 1914-1952) from three counties. The participants have undergone repeated examinations, and the SIMPLER database has been updated against 20 national registries. The infrastructure's primary purpose is to provide users with integrated longitudinal lifestyle and health data, register information, and molecular measurements to support high-quality research on the genetic and lifestyle causes of the development and consequences of late-onset disorders. |
| **The Danish Nurse Cohort**<br>**Custodian:** Mette Kildevæld Simonsen<br>**Email:**<br>mette.kildevaeld.simonsen@regionh.dk | In 1993, the Danish Nurse Cohort was established as a nationwide, population-based longitudinal study, which today includes more than 60,000 nurses. Through five repeated surveys, we have prospectively collected detailed self-reported data that can be combined with high-quality Danish health and administrative registries. Information on lifestyle, hormone therapy, psychosocial work environment, sleep, stress, and mental well-being is available. Registry data provide hospital discharge diagnoses, prescribed medications, and socioeconomic status. The unique combination of self-reported and objective data enables research on both chronic and acute diseases, including inflammation, cardiovascular disease, diabetes, drug use, mental health, ageing, musculoskeletal disorders, stress, work environment, and hormonal exposures. Plans are underway to establish a biobank for future biomarker and genetic research. |

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| **DANBIO**<br>**Custodian:** Bente Glintborg<br>**Email:** glintborg@dadlnet.dk | DANBIO is a Danish nationwide routine care registry for prospective longitudinal follow-up of patients with rheumatoid arthritis, axial spondyloarthritis, psoriatic arthritis (hospital, primary specialized care). Overall, 100,000 patients have contributed >1.3 million visits since year 2000. Information includes treatment, disease activity, swollen joint count, patient reported outcomes by online questionnaires, yearly cardiovascular risk screening. Enrichment occurs with nationwide prescription data and laboratory measurements. DANBIO is hosted within the Capital Region, Denmark. DANBIO provides data for the Danish Rheumatology Quality Registry, DRK. Since year 2015, >10.000 patients have provided 28.000 samples for the Danish Rheumatologic biobank (DRB). Data in DANBIO, DRK and DRB data include social security numbers allowing linkage to other registries. DANBIO data have contributed to >300 national/international publications. |
| **FOREVER**<br>**Custodian:** Miriam Kolko<br>**Email:** miriamk@sund.ku.dk | Project FOREVER collects high-quality, standardized eye examination data and images from 100 demographically distributed stores in one of Denmark's largest optician chains. The database contains over 300,000 exams from more than 85,000 individuals, including 15,000 with over three years of follow-up. Examples of included data are refraction, visual acuity, intraocular pressure, corneal thickness, fundus photographs, OCT scans, and perimetry pulsar tests, complemented by detailed health questionnaires. The dataset is continuously expanded and linked to Danish National Health Registries, covering hospital diagnoses, prescriptions, and laboratory results. Participant consent enables broad research use, though specific studies may require additional ethical approvals. |
| **CopLab**<br>**Custodian:** Christen Bertel Lykkegaard Andersen<br>**Email:** christen.andersen@sund.ku.dk | In the greater Copenhagen area (1.2 million inhabitants), there was only one laboratory serving general practitioners and other private practicing specialists from 2000-2016. The laboratory served primary care with a broad range of blood, urine, semen, clinical physiological, cardiac, and lung function tests. The Copenhagen Primary Care Laboratory (CopLab) Database contains all results (n=112 million) of these analyses from 1.3 million different individuals. CopLab has been merged with the extensive Danish registers allowing for continuous follow-up of all individuals. The variables have been validated to create a state-of-the-art database infrastructure allowing for correct interpretation of database content in combination with national registers. Thus, CopLab possesses the strength to unravel important physiological and pathophysiological relations for a plethora of medical conditions. |

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| **DANCAVAS**<br>**Custodian:** Jes S. Lindholt<br>**Email:** jes.sanddal.lindholt@rsyd.dk | DANCAVAS is a population-based research database originating from the DANCAVAS trial of 15 000 men aged 60–74 years, integrating advanced cardiovascular imaging with comprehensive clinical, biochemical, and omics data. Through assisted linkage with Statistics Denmark, it provides long-term follow-up on disease outcomes, prescriptions, socioeconomic factors, and mortality. The resource supports studies across cardiometabolic, neurodegenerative, renal, pulmonary, and oncological diseases, and is ideal for Mendelian randomisation, pharmacogenetic, and AI-based research. PREPARE is securely hosted on SDU UCloud and administered by OPEN OUH under GDPR-compliant and FAIR-aligned standards, with scalable computational access. It represents a rich, high-quality platform for interdisciplinary, translational, and precision medicine research. |
| **The Danish HIV Cohort Study (DHCS)**<br>**Custodian:** Maria Wessman<br>**Email:** marw@ssi.dk | The Danish HIV Cohort Study (DHCS) includes all HIV-infected individuals in Denmark since 1995 treated at one of 10 HIV centers, totaling over 8,500 patients. It contains detailed individual and longitudinal data on diagnosis, treatment changes, viral load, CD4 counts, and AIDS-defining diseases. Using CPR numbers, the DHCS links to national health and administrative registries, including the Danish National Hospital Registry, Causes of Death Registry, and National Prescription Registry, and enables creation of matched control cohorts through the Civil Registration System. |
| **Global Airways**<br>**Custodian:** Vibeke Backer<br>**Email:** nina.vibeke.backer@regionh.dk | Patients with Chronic rhinosinusitis with nasal polyps (CRSwNP) suffer from nasal closure, nasal secretion, facial pain and have lost of smell – like a common cold thus 24/7 365 days per year. Co-morbid asthma and aspirin intolerance are frequently found. The basic endotype is Type 2 inflammation (Th2 cells and ILC2 cells), with cytokines such as IL5, IL4, and IL13 as well as alarmins such as TLSP, IL33, and IL25 and Eosinophilic cells. The standard treatment of CRSwNP is local nasal steroid, and in case of asthma inhaled steroid. Patients with CRSwNP have had many courses of systemic steroid, several courses of antibiotics, sleep apnea, low bone mineral density, diabetes, 30% have obesity, and low level of physical activity. |

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| **StenoPortal**<br>**Custodian:** Thomas Kümler<br>**Email:** Thomas.kuemler.02@regionh.dk | With StenoPortal, we aim to create a unique resource for cardiometabolic research via the long history of high-quality research performed at the Steno Diabetes Center Copenhagen.<br>By standardizing data, we will have the possibility of expanding the data and provide an up-to-date coupling to outcomes, creating a powerful tool for both for discovery and validation.<br>We will include data from observational studies and randomized controlled trials (app. 30-1700 individuals/study). More than 20 studies with up to 15 years of follow-up are currently in the potential to be included (list can be provided).<br>All studies include data from clinical examinations and lab results (blood, urine). Many include diagnostic imaging data (echocardiography, PET-CT, etc.), omics data. Most studies include biobank material. |
| **STOPbase**<br>**Custodian:** Hanne Tønnesen<br>**Email:** hanne.tonnesen@regionh.dk | The STOPbase for Tobacco & Nicotine registers the intensive STOP-interventions in Denmark after informed consent. It is unique internationally and includes about 250,000 persons since the start in 2001 with 260 variables: Nicotine/tobacco use, socioeconomics, and STOP-intervention details as well as follow-up for quitting status, pharmaceutical support, and satisfaction. The data-quality and long-term successful quitting are surprisingly high.<br>The STOPbase is open for research collaboration on cardiometabolic and infectious diseases, and regenerative medicine. E.g., evaluating the impact of successful quitting compared to continuous use on morbidity, mortality, and related cost-effectiveness (and other outcomes) via linking to the health and social registries. In addition, the STOPbase allows identification of the potential for reduction of morbidity, mortality and cost-effectiveness of quitting. |
| **Blood Donor Studies BioResource (BDSB)**<br>**Custodian:** Emanuele Di Angelantonio<br>**Email:** ed303@medschl.cam.ac.uk | With 150,000 highly-interactive participants recruited across the geographical breadth of England since 2012 with extensive multi-modal data, BDSB is configured to support studies of cardiometabolic and infectious diseases. As well as baseline participant information and stored biosamples for additional assays (e.g., plasma/serum/blood), BDSB has already recorded several 'omics in the entire cohort or in large subsets (e.g., whole-genomes, GWAS, proteomics, transcriptomics, metabolomics, nasal microbiome) plus candidate biomarkers (e.g., iron homeostasis; full blood counts). Incident health/disease outcomes are being recorded through linkage with multiple national e-health records (hospital/GP/deaths/morbidity databases). As participants (aged 18-80) have consented to recall for additional studies/samples, BDSB enables targeted and follow-on studies, exemplified by embedded RCTs, recall-by-genotype studies, and other targeted studies recently completed. |

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| **DALY-CARE**<br>**Custodian:** Carsten Utoft Niemann<br>**Email:**<br>carsten.utoft.niemann@regionh.dk | Cancer is the major cause of death for patients with type 2 diabetes (T2D), while cardiometabolic disease (CMD) worsens cancer outcomes and infections are the major cause of morbidity and mortality during cancer treatment. The Danish Lymphoid Cancer Research (DALY-CARE) is available for research in CMD, infections and lymphoid cancer. DALY-CARE contains detailed data from 54 different sources on 65,774 consecutive patients since 2002 from nationwide registers, electronic health records, and translational research projects including genetic data for +10,000 patients. The platform links datasets into aggregated views with se-cure access at an NGC research cloud with R, Python and bioinformatic pipelines available. DALY-CARE allows for development of near real-time decision-support tools and extrapolation of clinical trial results into clinical practice. |
| **The Glostrup Populations Studies (GPS)**<br>**Custodian:** Allan Linneberg<br>**Email:** allan.linneberg@regionh.dk | The Glostrup Populations Studies (GPS) include 15 population-based cohorts comprising a total of 37,651 unique individuals. Ten of the cohorts have been invited for at least one follow-up health examination. The studies have collected data on a wide range of variables including clinical and biochemical data, genetics, and data from questionnaires; and are linked to nation-wide registries. The GPS aim to continue to collect data by establishing new cohorts or follow-ups of old cohorts. The first studies were initiated in 1964 to investigate the epidemiology of cardiovascular diseases but have later addressed a wide range of risk factors and diseases such as metabolic diseases, obesity, thyroid disease, allergic and respiratory diseases, and functional diseases. |