| Biobank (required fields in bold) | | |
| --- | --- | --- |
| **Name** |  | Name of the biobank |
| Acronym |  | Short name or acronym of the biobank |
| **Description** |  | Short description of the biobank and the services it provides |
| **Contact person** |  | The primary external contact of the biobank |
| Head |  | Person in charge of the biobank. |
| **Juridical person** |  | Name of the organisation (legal entity) of the biobank |
| Website |  | URL of the website of the biobank |
| City |  |  |
| Longitude |  | WGS84 coordinate |
| Latitude |  | WGS84 coordinate |
| Services |  | List of services that the biobank offers to researchers. Fill in details in the table below. |
| Network |  | List of networks in which the  biobank participates, see <https://directory.bbmri-eric.eu/ERIC/tables/#/Networks> for the list of available networks |
| Other listings |  | Listings in other catalogues, please provide URLs to the entry in those catalogues |
| Commercial collaboration | * Yes * No | Indication if the biobank is able to participate in collaborations with commercial organisations |
| Not-for-profit collaboration | * Yes * No | Indication if the biobank is able to participate in collaborations with not-for-profit organisations |

| Collection details (repeat table if necessary; required fields in bold) | | | |
| --- | --- | --- | --- |
| **Name** |  | | Name of the collection (< 60 characters) |
| Acronym |  | | Acronym or short name of the collection (< 20 characters) |
| URL |  | | URL of the website of the  collection |
| **Type** | * Birth cohort * Case-Control * Cohort * Cross-sectional * Disease specific * Hospital * Image collection * Longitudinal * Non-human * Population-based * Prospective study * Quality control * Rare disease * Sample collection * Twin study * Other | | The type of sample collection. Tick all that apply |
| Diseases studied |  | | List of ICD codes of the diseases studied. Use blocks or chapters, when studying a group of related diseases. See <http://apps.who.int/classifications/icd10/browse/2016/en> for the complete list of valid codes. OR Orphanet codes, see <https://www.orpha.net/en/disease>  Possible to list multiple values, required for Disease specific, Hospital collections |
| **Data categories** | * Antibodies titer (IgM and IgG) * Biological samples * Blood count and other lab results, especially at the moment of hospital admission * CT imaging of lungs, alternatively X-ray * Data on clinical symptoms * Data on disease duration and outcome * Genealogical records * Imaging data * Medical records * National registries * Not available * Physiological/Biochemical measurements * Survey data * Treatment protocol (types of drugs used) * Other | | The categories of data that are  available as part of the collection. Tick all that apply. |
| Material collected | * Buffy coat * cDNA / mRNA * Cell lines * DNA * Feces * microRNA * Nasal swab * Pathogen * Peripheral blood cells * Plasma * RNA * Saliva * Serum * Throat swab * Tissue (frozen) * Tissue (paraffin preserved) * Tissue (stained sections/slides) * Urine * Whole Blood * Other * N/A | | The types of biological material  present in the collection. Tick all that apply |
| Storage temperatures | * Room temperature * 2°C to 10°C * -18°C to -35°C * ​​-60°C to -80°C * Liquid nitrogen * Other | | The temperature at which the  samples are stored. Tick all that apply |
| Sex | * Female * Male * Neutered female (animal) * Neutered male (animal) * Undifferentiated * Unknown * Not asked * Not available | | The sex of the individuals whose  samples are part of the collection. Tick all that apply. |
| Age low - high Age unit | From: \_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_  Days Weeks Months Years | | Ages of the individuals whose samples are part of the collection. Open ranges possible, tick one unit |
| Number of donors |  | | Number of participants / patients included in the collection |
| **Number of samples** |  | | Exact size of collection in number  of unique sample IDs |
| Timestamp |  | | Exact date (and time) at which the size  of the collection was determined |
| **Description** |  | |  |
| Other listings |  | | Listings in other catalogues, please provide URLs to the entry in those catalogues |
| Studies |  | | List of studies in the context of which the collection was generated. Fill in details in the table below. |
| **Organisational Structure** | | | |
| **Contact Person** |  | One person only, name and e-mail address required, fill in details in table below | |
| Principal Investigators |  | One or more principal investigators, name required, fill in details in table below | |
| **Biobank** |  | The biobank that hosts the collection | |
| Parent collection |  | Is this collection part of another collection? If so, please provide the ID of the parent collection. | |
| Network |  | List of networks the collection is a part of, see <https://directory.bbmri-eric.eu/ERIC/tables/#/Networks> for the list of available networks | |
| **Access policies** | | | |
| Commercial collaboration | * Yes * No | Indicates whether the material in the collection is available for use in a commercial context | |
| Not-for-profit collaboration | * Yes * No | Indicates whether the material in the  collection is available for use in a  not-for-profit context | |
| Data use policy |  | List of policies describing the data use policy, following Data Use Ontology (DUO) format, see <https://github.com/EBISPOT/DUO> | |
| DUC profile |  | Link to the Digital Use Conditions (DUC) profile | |
| Access fee | * Yes * No | Is a (cost-recovery) fee required for access to the biological samples, data or imaging | |
| Access through joint project | * Yes * No | Is a joint project required for access to the biological samples, data or imaging | |
| Access description |  | Short description of the policy for access to the biological samples, data or imaging. | |
| Access URL |  | Link to a detailed description of the policy for access to the biological samples, data or imaging | |
| Standard operating procedures | * Data processing PD/SOP * Data storage PD/SOP * Data transport PD/SOP * Sample processing PD/SOP * Sample storage PD/SOP * Sample transport PD/SOP | Indicate the availability of Process Descriptions (PDs) and/or Standard Operating Procedures (SOPs). Tick all that apply | |
| **Imaging** | | | |
| Body part |  | Body part imaged according to the DICOM standard | |
| Imaging modality |  | Modality for imaging according to DICOM standard | |
| Imaging dataset type |  | Imaging dataset types according to DICOM standard | |

| Person (repeat table if necessary; required fields in bold) | | |
| --- | --- | --- |
| Title(s), before name |  |  |
| First name |  |  |
| Last name |  |  |
| Title(s), after name |  |  |
| **E-mail address** |  |  |
| Phone number |  |  |
| Role |  | Official role of the person |
| Address |  |  |
| Postal code |  |  |
| City |  |  |
| **Country** |  |  |

| Study (repeat table if necessary; required fields in bold) | | |
| --- | --- | --- |
| **Title** |  | The title of the study |
| Description |  | Description of the study |
| Type |  | The type of study, e.g. observational, interventional |
| Sex | * Female * Male * Neutered female (animal) * Neutered male (animal) * Undifferentiated * Unknown * Not asked * Not available | The sex of the individuals who participated in the study. Tick all that apply. |
| Age low - high Age unit | From: \_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_  Days Weeks Months Years | Ages of the individuals involved in the study.. Open ranges possible, tick one unit |
| Number of subjects |  | The number of subjects that participated in the study |
| Other listings |  | Listings in other catalogues, please provide URLs to the entry in those catalogues |

| Service (repeat table if necessary; required fields in bold) | | |
| --- | --- | --- |
| **Name** |  | Name of the service (preferably in English) |
| **Service type** |  | Type(s) of service from this list: <https://directory.bbmri-eric.eu/DirectoryOntologies/tables/#/ServiceTypes> |
| Acronym |  | Short name in use for the service |
| **Description** |  | Full description of the service (in English) |
| Description URL |  | URL pointing to a description of the service |
| Device |  | Name of the device(s), if the service is provided with the use of them |
| Device system |  | Name of a software system or platform, if important for the device characteristics |
| Technology Readiness Level |  | Self-assessment of the service maturity, select one. See definitions [here](https://ec.europa.eu/research/participants/data/ref/h2020/wp/2014_2015/annexes/h2020-wp1415-annex-g-trl_en.pdf) |
| **Access description** |  | Description of the access policy of the service |
| Access description URL |  | URL pointing to the access policy of the service |
| Unit of access |  | Information about a standard unit used in calculations of costs of service provision |
| Unit cost |  | Cost per unit |
| Contact person |  | Contact person or person responsible for the service. Fill in details in the ‘Person’-table. |