**Biosamples/tissue/data requested:** In a table, briefly outline the number, type, and amount of biospecimens/tissue requested, including volume of sample required, study cohort, BiosampleID (if applicable), and biosample visit number (if applicable). In addition, the applicant should determine if the samples required are available through the repository prior to submitting an application. For applicants requesting access to data outside of FITBIR (with funding for analyses), briefly outline what data is required and how the data will be used.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Line #** | **Study Cohort** | **Number of Samples** | **Biosample Type** | **Volume or concentration** *(in # of aliquots, e.g. 2x 200 L, see Table A)* | **Any other criteria to be considered**  *(e.g. quality control data)* | **BiosampleID**  *(if you are seeking specific samples based off other data joined to Biosample Catalog in Query Tool e.g, Case/Control)* | **Visit types and number of samples per visit** | **Sample availability**  *(See Table B)* |
| ***Example 1*** | *LE-TBI* | *100* | *Plasma* | *2 x 200 L* | *Hemoglobin < 0.2* | |  | | --- | | *1664506,* | | *444430,* | | *1664485* | | *Visit 1 (V0) - 50 samples  Visit 2 (V1) - 50 samples* | *yes; 32 samples at 1mL each are available as of 12/25/2020* |
| ***Example 2*** | *BioHOBIT* | *100* | *Plasma* | *2 x 200 L* | *Hemoglobin < 0.2* | |  | | --- | | *1664506,* | | *444430,* | | *1664485* | | *Visit 1 (V0) - 50 samples  Visit 2 (V1) - 50 samples* | *No, but additional stock is available per biosample catalog as of 12/30/2020* |

1. *Standard aliquots*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Study** | **DNA** | **RNA** | **Plasma** | **Serum** | **CSF** | **Whole Blood** | **Whole Blood Pellet** | **Urine** |
| LE-TBI | 3 µg | N/A | 200 µl | N/A | N/A | N/A | N/A | N/A |

1. *Staff to contact regarding sample availability*

|  |  |  |
| --- | --- | --- |
| **Cohort** | **Contact Name** | **Email** |
| LE-TBI | BioSEND | biosend@iu.edu |