Proposal number: OV (to be completed by Lifelines)

**1. Title of the project**

This form applies to an application for the use of Lifelines data or biologic material. It can also be used for the application for additional data or sample collection in the Lifelines population. The completed form can be submitted via the [Lifelines data catalogue](https://DocPortal.umcg.nl/management/hyperlinkloader.aspx?hyperlinkid=3825c0d9-5a72-4222-8fcc-61495ccacd9a) together with the requested data items. For questions please contact our Research Office ([research@lifelines.nl](https://DocPortal.umcg.nl/management/hyperlinkloader.aspx?hyperlinkid=2c260493-d356-4028-86de-c67ea9780966) ). The Lifelines Research Office will contact you upon receiving your application.

**2. Date**

**3.1. Details of the primary applicant**

*(The primary applicant has to be a senior researcher, i.e. holding a PhD degree or similar qualification. The primary applicant will be contacted for the financial issues and contractual agreements.)*

|  |  |
| --- | --- |
| Name |  |
| Position / Function |  |
| Institute / Organization |  |
| Address |  |
| ZIP or Postal code & City |  |
| Country |  |
| Telephone Number |  |
| Email |  |

**3.2. Details of the contact person**

*(The contact person is the researcher conducting the research and may therefore be a junior researcher. The contact person will be contacted for practical issues regarding the project. Main applicant and contact person can be the same person).*

|  |  |
| --- | --- |
| Name |  |
| Position / Function |  |
| Institute / Organization |  |
| Address |  |
| ZIP or Postal code & City |  |
| Country |  |
| Telephone Number |  |
| Email |  |

**3.3. Other Members of the Project Group**

*(max 6 other members)*

|  |  |
| --- | --- |
| Name |  |
| Position / Function |  |
| Institute / Organization |  |
| Telephone Number |  |
| Email |  |

**4. Is the proposal linked with previous submitted Lifelines proposal?**

*(If linked to a previous proposal, please specify the application number (OV…).*

No

Yes, Lifelines project: OV

Please specify:

**5.1. Scientific background**

*(The scientific background should be a short introduction to the existing literature and the scientific gap that the current proposal is going to fill. Please note that the maximum number of words for this section is 1500.)*

**5.2. Research question**

*(Please be specific regarding the research questions.)*

**5.3. How does the project contribute to the central aims of Lifelines and fit within the research theme “Healthy Ageing”**

*(Please specify why data or biomaterial of Lifelines is essential for this research project.)*

**5.4. Description of the required study population**

*(Describe the study population based, for example, on age, phenotype, etc. and the number of subjects needed. If you request samples (analyses) (see section 6.2). Please make sure that a detailed description of the criteria to select the study population is given here.)*

**5.5. Methods**

*(Describe the data, measures, analysis plan and statistical methods (including a power calculation if applicable) intended to analyze the data in order to answer the research question(s).)*

**6.1. Requesting existing genetic data** (SNPs and/or WGS (including WES))

*(Please select and submit the requested data items from the [Lifelines data catalogue](https://DocPortal.umcg.nl/management/hyperlinkloader.aspx?hyperlinkid=c126cd27-c6fd-486d-bba4-ddc6f2f93323) together with this application form. The proposal will only be reviewed if a matching catalogue selection is included. An exception is made when the requested data is not yet available in the catalogue or if this application includes a request for implementation of an add-on study.)*

No

Yes , please describe:

*(Please provide a rationale for all the requested data needed for your study. For example, when you request WGS data, please provide an explanation why you need this specific data to answer your research question(s).)*

**6.2. Requesting existing data (non-genetic)**

*(Please select and submit the requested data items from the [Lifelines data catalogue](https://DocPortal.umcg.nl/management/hyperlinkloader.aspx?hyperlinkid=7a0d6bc6-7a88-4817-91f5-cf740cce52e5) together with this application form. The proposal will only be reviewed if a matching catalogue selection is included. An exception is made when the requested data is not yet available in the catalogue or if this application includes a request for implementation of an add-on study.)*

No

Yes , please describe:

*(Please provide a rationale for all the requested data needed for your study. For example, when you request ECG data, please provide an explanation why you need this specific data to answer your research question(s).)*

**6.3. Requesting linkage with an external data source**

*(If you want to link data from the Lifelines database to another data source, e.g. case registries or GIS data, please specify the data and describe the intended way to link these data to the Lifelines database.)*

No

Yes, please describe:

**6.4. Requesting (additional analyses on) existing biomaterial(s)**

*(If you want to perform or have Lifelines perform additional analyses on the available biomaterial samples, please specify here. Please note that a detailed description of the criteria to select the study population for the sample (analyses) should be clearly described in section 5.4.)*

No

Yes, please specify

1. who will perform the selection of the study population:  
    Lifelines

Applicant

1. who will perform the bio analyses of the biomaterials:
2. biomaterial collected during:  
    Baseline assessment (1st screening)

Second assessment (2nd screening)

1. the details of your requested biomaterials and analyses

*Baseline assessment samples only*

Urine collected by Early Morning Sampling (native)

Available for adults >= 18 yrs

1. Describe the additional analysis needed:
2. Number of samples:
3. Volume of samples:

Urine collected by Early Morning Sampling (mixed with Ascorbic acid)

Available for adults >= 18 yrs

1. Describe the additional analysis needed:
2. Number of samples:
3. Volume of samples:

*Baseline and Second assessment samples*  
 Serum derived from Septum Separated Tube

* + 1. Describe the additional analysis needed:
    2. Number of *Baseline* assessment samples:
    3. Number of *Second* assessment samples:
    4. Volume of samples:

Serum derived from Tube with Clot activator

1. Describe the additional analysis needed:
2. Number of *Baseline* assessment samples:
3. Number of *Second* assessment samples:
4. Volume of samples:

Plasma derived from k2-EDTA tube

1. Describe the additional analysis needed:
2. Number of *Baseline* assessment samples:
3. Number of *Second* assessment samples:
4. Volume of samples:

Plasma derived from Citrate tube

1. Describe the additional analysis needed:
2. Number of *Baseline* assessment samples:
3. Number of *Second* assessment samples:
4. Volume of samples:

Urine collected by 24h sampling (native)

Available for adults >= 18 yrs

1. Describe the additional analysis needed:
2. Number of *Baseline* assessment samples:
3. Number of *Second* assessment samples:
4. Volume of samples:

Urine collected by 24h sampling (mixed with Ascorbic acid)

Available for adults >= 18 yrs

1. Describe the additional analysis needed:
2. Number of *Baseline* assessment samples:
3. Number of *Second* assessment samples:
4. Volume of samples:

Urine collected by Timed Overnight sampling (native)

Available for children <18 yrs

1. Describe the additional analysis needed:
2. Number of *Baseline* assessment samples:
3. Number of *Second* assessment samples:
4. Volume of samples:

Urine collected by Timed Overnight sampling (mixed with Ascorbic acid) Available for children <18 yrs

1. Describe the additional analysis needed:
2. Number of *Baseline* assessment samples:
3. Number of *Second* assessment samples:
4. Volume of samples:

DNA (standard concentration = 100ng/ul ±10%)

1. Describe the additional analysis needed:
2. Number of *Baseline* assessment samples:
3. Number of *Second* assessment samples *(mainly buffy coat)*:
4. Volume of samples:

**6.5. Requesting additional questionnaire data to be collected**

*(If you want to send out additional questionnaires not already included in the Lifelines database, please specify here.)*

No

Yes , please describe

**Requesting additional samples to be collected**

*(If you want to collect additional biomaterial samples that are not already available in the Lifelines database, please specify here.)*

No

Yes, please describe

**Requesting additional measures to be collected**

*(If you want to perform additional measurements that are not already available in the Lifelines database, please specify here.)*

No

Yes, please describe

**7. Project implementation**

*(Indicate, what scientific output this research will generate in numbers, such as publications in scientific journals.)*

**8. Timeline**

*(Please indicate the timing of the various project stages from the initial outset, such as the start of the project, data-collection (if applicable), data analysis and the reporting of findings.)*

**9. Responsibilities of the project team**

*(Please describe how the proposal fits into the line of research and expertise of the primary applicant and the other members of the research group (max 500 words) and the specific role of each project member in this research project. In particular, indicate the project member who will primarily be involved in conducting the research and/or data analysis (i.e. contact person).)*

**10.1. Research communication**

*(Describe in max 100 words your research in layman's terms in English. This information will be used to inform other researchers and the general public about your research project through our website and social media channels).*

**10.2. Communications with participants**

*(Describe in max 100 words your research in layman’s terms in Dutch. This information will be used to inform the Lifelines’ participants and the other Dutch about your research project through our website and social media channels).*

Not possible, no member of our project team speaks Dutch

Geef een korte beschrijving:

**11.1. Financing of the project**

*(Name the intended sources of project funding.)*

**11.2. Invoice address**

|  |  |
| --- | --- |
| Institute |  |
| Attn. |  |
| Projectnumber / Cost center |  |
| Adress / P.O. Box |  |
| Zippcode and City |  |
| Country |  |

**11.3. Subsidies**

Are you employed at or via the University Medical Center Groningen?

No

Yes

If yes, is your project part of a EU grant?

No

Yes

If yes, is the UMCG partner in this grant?

No

Yes (Lifelines will be seen as ‘Linked third party’ by the subsidy provider)

**12. Other remarks**

*(If you have any other remarks regarding your research proposal, please specify here.)*

If questions remain about this application form, please contact the Lifelines Research Office by email at [research@lifelines.nl](https://DocPortal.umcg.nl/management/hyperlinkloader.aspx?hyperlinkid=8c8b2005-67f3-4b3b-81c8-5d70ad298841) or by phone at +31 50 36 15 803.

The Lifelines Research Office ([research@lifelines.nl](https://DocPortal.umcg.nl/management/hyperlinkloader.aspx?hyperlinkid=5d90ffad-9d18-4d75-9395-00804b6d313a)) will contact you within a few days after receiving your application.

Please follow Lifelines (@LifelinesNL) on [Twitter](https://DocPortal.umcg.nl/management/hyperlinkloader.aspx?hyperlinkid=7ddef4ce-7175-49fc-8477-179fd67b85e3) and [LinkedIn](https://DocPortal.umcg.nl/management/hyperlinkloader.aspx?hyperlinkid=55f1ddd3-2604-441c-9711-84d9155de000) to keep up to date with our latest news and updates.

Subscribe now to our [newsletter](https://DocPortal.umcg.nl/management/hyperlinkloader.aspx?hyperlinkid=e4f4f5aa-968b-461b-9879-9e43dce16cfd)!