# MoBa plasma/serum/urine/blood – analysis report - laboratory

Please return a completed copy of this form with appropriate attachments, including a quality report from the laboratory, to [MorBarnData@fhi.no](mailto:MorBarnData@fhi.no). Please use one form per sample type or per analysis.

Mandatory lines are marked with a star (\*).

# **To be filled-in by NIPH**

| Project information | |
| --- | --- |
| Principal Investigator (PI) name |  |
| PI email address |  |
| Responsible institution |  |
| Research Project Title |  |
| Project Reference (PDB, retrieval ID) |  |
| Type of Material (plasma/urine/blood) |  |
| Name of laboratory |  |
| Number of samples shipped |  |
| Volume per aliquot (µL) |  |
| Number of individuals shipped |  |
| Date of shipment from biobank |  |
| Other relevant information |  |

| MoBa | |
| --- | --- |
| Received by MoBa - date |  |
| Location of the data |  |

**To be filled in by Laboratory**

| Laboratory | |
| --- | --- |
| Name of the laboratory \* |  |
| Address of Laboratory \* |  |
| Webpage |  |
| Laboratory contact person (name, e-mail, telephone) \* |  |
| Is the laboratory accredited or other ways validated? |  |
| Name and job title of person who completed this form |  |

Please complete one table per method, copy the table if more than one is required

| Analysis | |
| --- | --- |
| Analysis |  |
| Method description(Publication / exact description |  |
| Analytes/ biomarkers/ compounds \* |  |
| Method (incl. manufacturer) \* |  |
| Pre-analytical method, if performed |  |
| Quality control performed prior to analysis |  |
| Accuracy of analysis \* |  |
| Reference value(s) \* |  |
| Limit of detection \* |  |
| Inter- or intra- assay variation CV (coefficient variation), if any |  |
| Date(s) of analysis \* |  |
| Volume used in the analysis \* |  |
| Number of samples analysed \* |  |
| **Mismatch between the samples and the Manifest-file if any \*** |  |
| **Empty wells (attach a list if yes)** |  |
| Special conditions during the analysis, if any (e.g. temperature, time in room temperature, etc) |  |
| Volume remaining after finalizing analyses \* |  |

| A list of samples that did not pass the analysis and explanation why(e.g. low volume, haemolysis, etc.) | | |
| --- | --- | --- |
| Retrieval Detail ID | Compound/Biomarker | **Explanation (**detailed**)** |
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|  |  |
| --- | --- |
| All samples analysed, none on the list **(x)** |  |

| Location of the data if known |  |
| --- | --- |
|  | |

| Attached files (name and format) \* | |
| --- | --- |
| **Quality report from the laboratory** |  |
| **Empty wells** |  |
| **Other attachments** |  |

#### Additional notes, other relevant information

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