MoBa biological material form -

Biobank of the Norwegian Mother, Father, and Child Cohort

Please complete this form electronically and submit in PDF-format as part of the application. The application must be in accordance with the approval given by the Regional Committees for Medical and Health Research Ethics (REK) and comply with Norwegian legislation and the EU’s General Data Protection Regulation (GDPR). A partly completed form will not be considered and will be returned to the applicant for completion.

|  |  |
| --- | --- |
| For questions regarding the completion of this form, the following can be contacted | |
| Materials and delivery | [Biobank-BioRetrieval@fhi.no](mailto:Biobank-BioRetrieval@fhi.no) |
| Material Criteria | [Morbarndata@fhi.no](mailto:Morbarndata@fhi.no) |

[1 Project information 1](#_Toc110498596)

[2 Biological Materials and Delivery 1](#_Toc110498597)

[3 Analytical method 3](#_Toc110498598)

[4 Invoice information 3](#_Toc110498599)

[5 Quality Assurance at laboratory 4](#_Toc110498600)

[6 Material Criteria 4](#_Toc110498601)

# Project information

|  |  |
| --- | --- |
| Project title |  |
| Principal investigator name (PI) |  |
| Date of completion of this form |  |

# Biological Materials and Delivery

Complete the ‘Biological Material and Delivery’ table below. Please contact the laboratory you intend to use for the analysis for information about tray and tray layout. If you request more than one type of material, please suggest the desired priority.

Available delivery formats can be chosen in the drop-down menu in the column “Tray delivery format”. Additional requirements regarding the tray layout (e.g., empty positions, samples in fixed positions or other similar requirements) can be noted in the column “Tray layout requirements”.

A standard report will be sent to the lab with the samples. The report contains retrieval number, unique id for each sample location, tray name, position on tray and volume. The report will also contain barcode for matrix tubes, concentration for DNA samples and degree of haemolysis for plasma samples.

| **Biological Materials and Delivery table** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Material** | **Participant** | **Number of samples** | **Volume** | **Other relevant information** | **Priority** if several materials | **Tray delivery format** (choose from drop down menu) | **Tray layout requirements**  (if any) | **Laboratory contact person and shipping address** |
| DNA | Mother  K1/K12  K2  Father  Child |  | Desired:  Minimum required: | Desired and minimum required concentration: |  | Choose desired delivery format |  | Name:  E-mail:  Phone:  Shipping Address: |
| Plasma | Mother  K1/K12  K2  Father  Child |  | Desired:  Minimum required: | Maximum degree of haemolysis\*: |  | Choose desired delivery format |  | Name:  E-mail:  Phone:  Shipping Address: |
| RNA | Child |  | Desired:  Minimum required: |  |  | Choose desired delivery format |  | Name:  E-mail:  Phone:  Shipping Address: |
| Whole blood | Mother  K1/K12  K2  Father  Child |  | Desired:  Minimum required: |  |  | Choose desired delivery format |  | Name:  E-mail:  Phone:  Shipping Address: |
| Urine | Mother (K12) |  | Desired:  Minimum required: |  |  | Choose desired delivery format |  | Name:  E-mail:  Phone:  Shipping Address: |
| Milk teeth | Child |  |  |  |  | Not applicable |  | Name:  E-mail:  Phone:  Shipping Address: |

K1/K12: sample taken during pregnancy, K2: sample taken at birth, \*Degree of haemolysis used in MoBa: yellow, light orange, orange or red.

# Analytical method

|  |
| --- |
| Describe the planned analysis including the method (*e.g.*, kits, chips etc.): |
|  |

# Invoice information

Please complete one of the following two tables (NIPH or other institutions). If assistance is required, please contact the person responsible for economy in your department and/or project.

|  |  |
| --- | --- |
| **NIPH** | |
| Koststed inkludert forkortelse  *Department (including short name)* |  |
| Prosjektnummer agresso (5 siffer)  *Project number in agresso (5 digits)* |  |
| Aktivitetsnummer  *Activity number* |  |
| Kapittelpostnummer 1  *Kap. Post number* |  |
| Navn og ressursnummer attestant i Agresso (4060xxx)  *Name and number budget authoriser* |  |

1 Usually 074501 for internally funded projects and 074521 for externally funded projects

|  |
| --- |
| **Other institutions** |

|  |  |
| --- | --- |
| Name of institution |  |
| Invoice name |  |
| Invoice address |  |
| Postal code |  |
| Postal address |  |
| Country |  |
| Invoice reference required by the institution |  |
| Electronic invoice if applicable |  |

# Quality Assurance at laboratory

If the laboratory performs Quality Assurance of DNA samples and requires additional information for this purpose, please complete the table below.

|  |  |
| --- | --- |
| The lab requires the following information | |
| Family role (Father, Mother or Child)  Gender (Male or Female)  Family id (project specific ID to identify family members) | Date when retrieval was completed and ready to be sent from biobank  Year when the sample was taken  Other (please specify below) |

|  |
| --- |
| If other information is required, please describe the information and why this information is necessary to perform Quality Assurance: |
|  |

# Material Criteria

If information about material criteria (syntax file or ID-file) is not available when completing this form, the information may be forwarded at a later stage.

|  |  |  |
| --- | --- | --- |
| Who will compile the list of individuals? | | |
| **Project** - ID-file must be provided | | |
|  | ID file is attached | ID file name: |
| ID file will be forwarded directly to morbarndata@fhi.no. | |
| **NIPH** - Criteria file must be provided | | |
|  | Criteria file is attached | Criteria file name: | |
| Criteria file will be forwarded directly to morbarndata@fhi.no | | |

**Criteria file**

Describe in detail all inclusion and exclusion criteria that defines the samples applied for. This should include the number of participants desired in each group (e.g., case group, control group). An example of a criteria file is given below. You may contact morbarndata@fhi.no if you want guidance to set up the criteria file and for information on data transfer procedures.

Not all participants in MoBa have available biological material and the quality of some samples may be too poor to be used in certain analyses, thus the number of participants with available biological material may be less than desired. Please indicate in the criteria file if some of the inclusion and exclusion criteria can be relaxed to obtain samples from the desired number of participants if this is the case for your project.

***Example criteria file:***

*This project needs DNA from the child, mother and father for all cases and controls. In addition, the project wants as many plasma samples from the mother during pregnancies as possible.*

***Criteria for cases (500 children)***

1. *Diagnose «Rheumatoid arthritis» (NN26) checked in 8-year questionnaire*

***Criteria for controls (500 children)***

1. *Diagnose «Rheumatoid arthritis» (NN26) not checked in 8-year questionnaire*
2. *Match controls on cases (1:1) for* 
   * *Sex*
   * *Year of birth (in 5 years categories if not enough controls)*
   * *County of residence at birth (health region if not enough controls)*

***Criteria for both cases and controls***

1. *DNA must be available for the child, the mother, and the father*
   * *DNA can be used from any time point,* i.e., *mother and father’s DNA belonging to another pregnancy can be used*
2. *Exclude children from multiple pregnancies (twins, triplets etc.)*
3. *Data from the MBRN (Medical Birth Registry of Norway) file, Questionnaire 1 (Pregnancy 17 weeks) and Questionnaire 8 years must be available*
4. *Non-missing birth weight in the MBRN file*

***If more than 500 cases are available:***

1. *Prioritize those that have maternal plasma from pregnancy available*
2. *Prioritize participants that have returned the 7 years questionnaire*

***If less than 500 cases are available:***

1. *Also include cases without father’s DNA*

*If still not 500 use those that are available.*