APPENDIX 1: NSWHSB EOI

Please submit to the NSWHSB by 24 July 2020 at NSWPATH-Biobanking@health.nsw.gov.au

Contact Details

Details of the contact	ct person for this application:	
Contact Person	Please insert details here	
Name		
Title		
Organisation		
Position		
Mailing address		
Email		
Phone number		
Relationship to project	Principal Investigator	ator
·	ction (Recruitment of participants and biospecime	en collection not yet started)
Current Targe	Cohort type	
	e.g. disease	
specimen Collec		
Will biospecimens I	be collected by NSW Health Pathology (NSW	HP) collection centres?
☐ Yes ☐ No		
f no, skip to Next Se	ction.	
f yes, please nomina	te Local Health Districts or specific NSWHP coll	ection centres:
☐ Sydney	☐ Western Sydney	☐ Northern Sydney

	☐ South Eastern Sydney	☐ Central Coast					
☐ Hunter New England	☐ Mid North Coast	☐ Northern NSW					
☐ Far West	☐ Illawarra Shoalhaven	☐ Murrumbidgee					
☐ Nepean Blue Mountains	☐ Southern NSW	☐ Western NSW					
OR Please enter specific collection cer	ntres:						
Biospecimen Processing							
Do you require biospecimen processing by the NSW Health Pathology/Statewide Biobank?							
☐ Yes ☐ No							
If no, please skip to Next Section							

If yes, please attach the relevant processing protocols $\underline{\mathsf{OR}}$ complete the following table:

Container	Product	(incl centrifuge details)	Sto	orage Conditi	requirements	
(if known)			Temp	Max Number of Aliquots	Aliquot volume (mL)	
e.g. EDTA	whole blood		-70°C	4	0.5	For DNA extraction
e.g. lithium heparin	plasma	1500g 10 min 4°C, (with braking), single spin	-70°C	4	1	
e.g. SST	serum		-70°C	6	0.5	
e.g Kit for self- collection (Genotek)	saliva		-180°C (LN)	2	0.5	Microbiome

		T			1		
	Please detail an	y special processing require	ements e.g. wasl	hes:			
	Please detail a	ny other processing reques	sts not mentione	d above and	attach releva	int protocols:	
Biospecimen Transport							
7. How are biospecimens being transported?							
☐ Own transport arrangements - skip to Next Section							
☐ NSWHSB to arrange transport - please complete table below							
	Please complet	te the following table to so	ecify transportat	ion requirem	nents to NSW	HSB:	
8. Please complete the following table to specify transportation requirements to NSWHSB:							

Sample type	Transit conditions	Max time from collection until processing	Place of departure	Frequency	Contact
Eg. EDTA	On ice	4 hours	RNSH	Daily	Research Coordintor 02 1111 2222

		1							
9.	9. Please specify any other transport requirements.								
Dat	ta Manag	<u>ement</u>							
NSV	NHSB track	s pre-analytical, pı	ocessing and storag	e information in the NS	WHSB database	e Labvantage.			
10.	Do you ne	ed any data to b	e entered into a stu	ıdy-specific database	e (e.g. RedCap)	?			
	☐ Yes	□ No							
	If yes, please specify details (e.g. name of database and number of data fields per participant).								
11.	1. Do you have any other data requirements outside receipt of the standard data elements (e.g. preanalytical SPREC data)? □ Yes □ No								