The completed form can be submitted to Lifelines data management ([data@lifelines.nl](mailto:data@lifelines.nl)). If additional data is needed as well, please submit the form in the [Lifelines data catalogue](https://umcg.zenya.work/management/hyperlinkloader.aspx?hyperlinkid=0b3193cc-9c49-40d8-87e5-c0f269a21e31) together with the requested data items instead.

**Please check the following box**

I confirm that this amendment form has been filled in truthfully and all relevant sections of this request are completed (users, data selection, research questions).

# General information

1. **Details of Lifelines project**

|  |  |
| --- | --- |
| Lifelines project code | OV |
| Lifelines project title *(of original project)* |  |
| Name principal investigator |  |
| Linkage project | Yes /  No |
| *Please note: if you want to amend a* [*linkage project*](https://www.lifelines-biobank.com/researchers/what-we-offer/linkage-with-external-sources)*, please check with the other (linked) data source if you need to obtain their approval for the amendment before you submit it to Lifelines.* | |

1. **Is the project listed above currently active?**

Yes

No *(do not submit this amendment form. Instead contact Lifelines for possibilities)*

1. **Do you want to replace the principal investigator for your complete project?**

Yes (*please note a new DAA/DMTA has to be signed if the principal investigator is from a different institute)*

No

1. **Has the (current) principal investigator changed from institute/organization as mentioned in the original proposal?**

Yes *(please note a new DAA/DMTA has to be signed and continue to question 5)*

No

1. **If yes, provide details of the new principal investigator below:**

*The principal investigator has to be a senior researcher, i.e. holding a PhD degree or similar qualification. The principal investigator 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 |  |

1. **Details of the person submitting the amendment**

|  |  |
| --- | --- |
| Name |  |
| Role Lifelines project |  |
| Telephone Number |  |
| Email |  |
|  |  |

# Information additional user

1. **Would you like to add an additional user to your Lifelines project?**

Yes

No *(please continue with section C)*

1. **Has the principal investigator agreed to be responsible for the additional user?**

Yes

No *(do not submit this amendment form. Instead contact Lifelines for possibilities)*

1. **Has the additional user been informed about Lifelines procedures and regulations?**

*For example, the signed documents (DAA/DMTA, offer, Code of Conduct) and the way of working on and restrictions regarding the Lifelines environments (UMCG HPC and/or workspace).*

Yes

No *(please make sure you coordinate this within the project group)*

1. **What will be the role of the additional user on the project?**

*Please provide information on the role of the additional user on the project (e.g. additional PhD student, statistical support, supervision). Additionally, please provide information on which research questions the additional user will be working.*

1. **Will the additional user be a workspace user or cluster user?**

Workspace user *(please complete question 12)*

UMCG HPC user *(please complete question 13)*

1. **Information needed from additional workspace user**

|  |  |
| --- | --- |
| Name |  |
| Institute / Organization |  |
| Email |  |
| @mydre account already available | Yes, my e-mail is      @mydre.org  No |
| If Yes, my @mydre account has been used for a Lifelines / UMCG project before | Yes /  No |
| Which of the following programs do you additionally plan to use? | |
| * Anaconda/Python | Yes /  No |
| * PyCharm | Yes /  No |
| * R/RStudio | Yes /  No |
| * Stata | Yes /  No |
| * Visual Studio Code | Yes /  No |
| Requested access period (months) |  |
| *Please note: access can be granted until the end date of the ‘main’ Workspace user.* | |

1. **Information needed from additional UMCG HPC user**

|  |  |
| --- | --- |
| Name |  |
| Institute / Organization |  |
| Email |  |
| UMCG HPC account name *(if available)* |  |
| [UMCG HPC E-learning module completed](https://elearning.easygenerator.com/c3554f9c-fc58-4d8b-927b-1097a66c06fd/) | Yes /  No |
| Folders requesting access to *(e.g., specific SNP or DEEP folders)* |  |
| Requested access period (months) |  |
| *Please note:*   * *Access can be granted until the end date of the other cluster user(s).* * *Before access to the UMCG HPC can be granted, a Code of Conduct has to be signed an the* [*e-learning module*](https://elearning.easygenerator.com/c3554f9c-fc58-4d8b-927b-1097a66c06fd/) *has to be completed.* | |

1. **Do you want to make use of the reduced student rate available at Lifelines?**

|  |  |
| --- | --- |
| Yes. Requirements: |  |
| * User is a bachelor or master student | Bachelor /  Master |
| * User has their own research question | [specify research question] |
| * User falls under the supervision of another user of the project | [indicate supervisor] |
| * No service from Lifelines data management is needed | Yes /  No |
| *(Please skip section C. Research questions)* |  |
| No |  |

1. **Please provide the details of the invoice address below**

*Not applicable for projects with an primary applicant from the UGLI-consortium*

|  |  |
| --- | --- |
| Institute |  |
| Attn. |  |
| Projectnumber/cost center *(if applicable)* |  |
| Address / P.O. Box |  |
| Zippcode and City |  |
| Country |  |
| VAT number  *(for all EU countries except for NL)* |  |
| Email address for invoice *(not-UMCG)* |  |
| Operations manager *(who will sign the offer)* |  |

# Research questions

*If you want to inform Lifelines that you intend to answer additional research questions in your project, please fill in section C of this form. By this, we mean research questions that are not specified in your original project proposal or previous amendments.*

1. **Do you want to add new research questions to your project?**

Yes

No *(continue to subsection D)*

1. **If yes, what kind of research question should be added?**

Addition to current research questions *(e.g. predictor variable, additional mediator, or additional moderator. Please specify in question 18.)*

Research question with new dependent/outcome variable *(do not submit this amendment*

*form, start a new application instead)*

1. **Please state the additional research question(s) and provide a motivation.**

*Please provide a rationale for each additional research question in which you specify why you would like to add this research question and how it is linked to your original proposal.*

Additional research question 1:

Motivation:

Additional research question 2:

Motivation:

# Additional data request

1. **Requesting existing genetic data**

*Please provide a rationale for all the requested additional data needed for your study per topic and how it helps you to answer your research question(s). Make sure this requests includes all additions for now and the foreseeable future.*

Yes, please describe:

No

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

*Please provide a rationale for all the requested additional data needed for your study per subsection/topic and how it helps you to answer your research question(s). Additionally, select and submit the requested data items from the* [*Lifelines data catalogue*](https://catalogue.lifelines.nl/) *together with this amendment form. Make sure this requests includes all additions for now and the foreseeable future.*

Yes, please describe:

No

1. **Special Source Data: GECCO items**

*Does your variable selection contain variables starting with “gecco”? These are environmental variables collected by the GECCO consortium and linked to the (historical) home addresses of Lifelines participants. In order to use these variables, you must first request permission from the GECCO consortium (*[*follow instructions here*](http://wiki.lifelines.nl/doku.php?id=environmental_exposure_linkage)*).*

Yes, I confirm that I have requested and received approval from the GECCO consortium and that I sent this approval to [data@lifelines.nl](mailto:data@lifelines.nl) *(please include your OV number in the e-mail)*.

I have requested approval from the GECCO consortium, but have not yet received their approval

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

*If you want to link data from the Lifelines database to another data source, e.g. CBS, IADB, PALGA, IKNL, or other data sources, please describe to which data source you want to link and why. Please note, not all external data sources can be linked within the Lifelines environment and may be released in another environment, after approval. We will discuss the details with you.*

Yes,

Linkage with: [indicate data source(s)]

Please describe:

No

1. **Requesting linkage of your own data**

*If you want to link your own data (data that you obtained yourself) to the Lifelines database (e.g., environmental data), please specify the data and describe the intended way to link these data to the Lifelines database.*

Yes

Geographic level:  XY-coordinates /  Address /  Postal code

Please describe:

No

# Additional biomaterial(s) request

*If you want to perform, or have Lifelines perform, additional analyses on the available biomaterials, please fill in section E of this form.*

1. **Do you want to request available biomaterials for your project?**

Yes

No

1. **Motivation**

*Please describe your motivation for this request, for example why do you want to request the biomaterials and how does it fit within your current project.*

1. **Description of the required biomaterial study population**

*Describe the study population based, for example, on age, phenotype, etc. and the number of subjects needed. Provide a detailed description of the criteria to select the study population is given here.*

1. **Who will perform the selection of the study population?**

Lifelines

Applicant

1. **Who will perform the bio analyses of the biomaterials?**

1. **This request is for biomaterial collected during:**

Baseline assessment (1st assessment)

Second assessment (2nd assessment)

Third assessment (3rd assessment)

Fourth assessment (4th assessment)

1. **This request is for the following biomaterial:**

Blood (serum derived from Septum Separated Tube) - 1st, 2nd , 3rd and 4th assessment

Blood (plasma derived from K2-EDTA tube) - 1st, 2nd , 3rd and 4th assessment

Blood (serum derived from Tube with Clot activator) - 1st and 2nd assessment

DNA (additional costs for DNA QA apply) – 1st assessment

DNA derived from frozen buffycoat (additional costs for DNA extraction and DNA QA apply) - 1st, 2nd , 3rd and 4th assessment

Urine collected by Timed Overnight sampling (native) - 1st, 2nd , 3rd and 4th assessment  
(*available for children <18 yrs)*

Urine collected by 24h sampling (native) - 1st, 2nd , 3rd and 4th assessment  
(*available for adults ≥18 yrs)*

Urine (Early Morning Sampling, native) - only at 1st assessment (a*vailable for adults ≥18 yrs)*

Scalp hair - 2nd assessment (*available for adults ≥ 18 yrs)*

Cryopreserved whole blood - 1st assessment

Feces - 4th assessment

Feces – DAG 1-4

1. **Please specify the analysis needed and the details for the number and volume of the biomaterials:**
2. Describe the additional analysis needed:
3. Number of *Baseline* assessment biomaterials:
4. Number of *Second* assessment biomaterials:
5. Number of *Third* assessment biomaterials:
6. Number of *Fourth* assessment biomaterials:
7. Volume of biomaterials: