



GCAT Registration number

Date of registration

To be filled by GCAT

REGISTRATION AND REQUEST

Please fill this form with your personal information and sample and/or data requirement.

PRINCIPAL INVESTIGATOR INFORMATION

Name and surname:

Position:

Center or institution:

Department:

Address:

Telephone number:

Email address:

PUBLICATIONS OF THE LAST 5 YEARS (5 publications maximum; please fill with the PMID -PUBMED ID-)



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PROJECT DESCRIPTION (maximum 200 words) *Project abstract with PI name will be published on GCAT website

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SAMPLES REQUEST

Biological samples

Buffy coat	Number of samples	Quantity (ul)
DNA	Number of samples	Quantity (ng)
Plasma	Number of samples	Quantity (ul)
Serum	Number of samples	Quantity (ul)
Live cells	Number of samples	Quantity (cels)

DATA REQUEST

BASELINE (2014-2018)

Biological measures (Blood pressure, Pulse)

Anthropometric measures (Weight and height, Hip and waist circumference)

Demographics-Socioeconomics

Medical records

Physical activity

Medication

Social network

Mental health

Circadian rhythm

Women's health

Phototype

Men's health

Tobacco

Family

Alcohol

Work environment

Diet

Mobility

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FOLLOW-UPS

Anthropometric measures	Physical activity
Demographics-Socioeconomics	Social network
Medical records	Circadian rhythm
Medication	Phototype
Mental health	Tobacco
Women's health	Alcohol
Men's health	Diet
Work environment	
Ambiental Exposure Follow-up	COVID-19 Follow-up

ELECTRONIC HEALTH RECORDS

ICD9 CMBD Diagnoses
ICD10 Primary Care Visits
Procedures
Spirometry
Pharmacy
Laboratory
COVID-19 diagnoses and death

OMIC DATA

Genotyped
Whole Genome Sequenced
Metabolomed

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JUSTIFICATION (maximum 200 words)

Attached documents (please, send the required documentation)

Report of the Ethics Committee of the applicant institution, if applicable

Documentation of the project financing

Have funding

Pending of a project resolution

Don't have funding

GCAT COMMENTS (to be filled by GCAT)
