# Biobank Economic Survey Questions

**US DEMOGRAPHICS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Question Description** | **Answer Type** | | | **Answer Description** | | | | | | **Answer Value** | | | | | | | | **Question Short Name** | | | | | | | | **Question Visibility Rule** | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please verify that your biobank operates in the US? | CHECKBOX  ☒ | | | My biobank operates in the US or a US Territory | | | | | | US | | | | | | | | US | | | | | | | |  | | | | | | | | |
| Please indicate the state in which your biobank resides: | DROPDOWN | | | AL | | | | | | AL | | | | | | | | Biobankstate | | | | | | | | Show this question when answer "My biobank operates in the US or a US Territory" to the Question: "Please verify that your biobank operates in the US?" | | | | | | | | |
|  |  | | | AK | | | | | | AK | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | AZ | | | | | | AZ | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | AR | | | | | | AR | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | CA | | | | | | CA | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | CO | | | | | | CO | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | CT | | | | | | CT | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | DE | | | | | | DE | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | FL | | | | | | FL | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | GA | | | | | | GA | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | HI | | | | | | HI | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | ID | | | | | | ID | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | IL | | | | | | IL | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | IN | | | | | | IN | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | IA | | | | | | IA | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | KS | | | | | | KS | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | KY | | | | | | KY | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | LA | | | | | | LA | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | ME | | | | | | ME | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | MD | | | | | | MD | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | MA | | | | | | MA | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | MI | | | | | | MI | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | MN | | | | | | MN | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | MS | | | | | | MS | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | MO | | | | | | MO | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | MT | | | | | | MT | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | NE | | | | | | NE | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | NV | | | | | | NV | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | NH | | | | | | NH | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | NJ | | | | | | NJ | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | NM | | | | | | NM | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | NY | | | | | | NY | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | NC | | | | | | NC | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | ND | | | | | | ND | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | OH | | | | | | OH | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | OK | | | | | | OK | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | OR | | | | | | OR | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | PA | | | | | | PA | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | RI | | | | | | RI | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | SC | | | | | | SC | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | SD | | | | | | SD | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | TN | | | | | | TN | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | TX | | | | | | TX | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | UT | | | | | | UT | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | VT | | | | | | VT | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | VA | | | | | | VA | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | WA | | | | | | WA | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | WV | | | | | | WV | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | WI | | | | | | WI | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | WY | | | | | | WY | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Any of the US Territories | | | | | | US Territories | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Does your biobank network collect and distribute specimens from and to all 50 states? | RADIO | | | Yes | | | | | | Yes | | | | | | | | NetworkAll50StatesYN | | | | | | | | Show this question when answer “Yes” to the Question: “Is your biobank part of a network of biobanks? (Click 'Need Help' for explanation of a biobanking network)” | | | | | | | | |
|  |  | | | No | | | | | | No | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Please indicate the other states in which biobanks in your network operate: | CHECKBOX | | | Same list as above | | | | | |  | | | | | | | | OtherStatesNetwork | | | | | | | | Show this question when answer “No” to the Question: “Does your biobank network collect and distribute specimens from and to all 50 states?? | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
| **International Demographics** | | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
| **Question Description** | **Answer Type** | | | **Answer Description** | | | | | | **Answer Value** | | | | | | | | **Question Short Name** | | | | | | | | **Question Visibility Rule** | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On what continent is your biobank located | DROPDOWN | | | North America | | | | | | North America | | | | | | | | Country1 | | | | | | | |  | | | | | | | | |
|  |  | | | Europe | | | | | | Europe | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Asia | | | | | | Asia | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | India | | | | | | India | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Africa | | | | | | Africa | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Australia | | | | | | Australia | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | South America | | | | | | South America | | | | | | | |  | | | | | | | |  | | | | | | | | |
| In what North American country is your biobank located? | DROPDOWN | | | United States | | | | | | United Stated | | | | | | | | Northamericancountry1 | | | | | | | | Show this question when answer "North America" to the Question: "On what continent is your biobank located" | | | | | | | | |
|  |  | | | Canada | | | | | | Canada | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Mexico | | | | | | Mexico | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Belize | | | | | | Belize | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Costa Rica | | | | | | Costa Rica | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | El Salvador | | | | | | El Salvador | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Guatemala | | | | | | Guatemala | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Honduras | | | | | | Honduras | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Nicaragua | | | | | | Nicaragua | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Panama | | | | | | Panama | | | | | | | |  | | | | | | | |  | | | | | | | | |
| In what South American country is your biobank located | DROPDOWN | | | Argentina | | | | | | Argentina | | | | | | | | Southamericancountry | | | | | | | | Show this question when answer "South America" to the Question: "On what continent is your biobank located" | | | | | | | | |
|  |  | | | Bolivia | | | | | | Bolivia | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Brazil | | | | | | Brazil | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Chile | | | | | | Chile | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Columbia | | | | | | Columbia | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Ecuador | | | | | | Ecuador | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Falkland Islands | | | | | | Falkland Islands | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | French Guiana | | | | | | French Guiana | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Guyana | | | | | | Guyana | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Paraguay | | | | | | Paraguay | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Peru | | | | | | Peru | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | South Georgia and South Sandwich Islands | | | | | | South Georgia and South Sandwich Islands | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Suriname | | | | | | Suriname | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Trinidad | | | | | | Trinidad | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Uruguay | | | | | | Uruguay | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Venezuela | | | | | | Venezuela | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
| **Demographics** |  | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
| **Question Description** | **Answer Type** | | | **Answer Description** | | | | | | **Answer Value** | | | | | | | | **Question Short Name** | | | | | | | | **Question Visibility Rule** | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **GENERAL** |  | | |  | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | | |
| How long has your biobank been in operation? | RADIO | | | Less than 1 year | | | | | | | | | Less than 1 year | | | | | DurationOfOperation | | | | | | | |  | | | | | | | | |
|  |  | | | 1-3 years | | | | | | | | | 1 to 3 years | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | 3-5 years | | | | | | | | | 3 to 5 years | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | 5-10 years | | | | | | | | | 5 to 10 years | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Greater than 10 years | | | | | | | | | Greater than 10 years | | | | |  | | | | | | | |  | | | | | | | | |
| Please indicate the phase that your biobank is currently in: | RADIO | | | Startup - Staff is putting the bank in operation. No collection or distribution | | | | | | | | | Startup | | | | | Phase | | | | | | | |  | | | | | | | | |
|  |  | | | Build up - Bank is operational. Collection started. No distribution yet. | | | | | | | | | Build up | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Expand - Distribution started. Collection expanding. Pursuing new users. | | | | | | | | | Expand | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Operate - Stable collection and distribution. | | | | | | | | | Operate | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Shut-down - (For some banks), collection is stopped. Distribution continues until collections depleted | | | | | | | | | Shutdown | | | | |  | | | | | | | |  | | | | | | | | |
| What the start of your biobank's fiscal year? | DROPDOWN | | | January | | | | | | | | | January | | | | | Fiscalyearstart | | | | | | | |  | | | | | | | | |
|  |  | | | February | | | | | | | | | February | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | March | | | | | | | | | March | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | April | | | | | | | | | April | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | May | | | | | | | | | May | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | June | | | | | | | | | June | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | July | | | | | | | | | July | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | August | | | | | | | | | August | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | September | | | | | | | | | September | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | October | | | | | | | | | October | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | November | | | | | | | | | November | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | December | | | | | | | | | December | | | | |  | | | | | | | |  | | | | | | | | |
| What the end of your biobank's fiscal year? | DROPDOWN | | | January | | | | | | | | | January | | | | | FiscalYearEnd | | | | | | | |  | | | | | | | | |
|  |  | | | February | | | | | | | | | February | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | March | | | | | | | | | March | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | April | | | | | | | | | April | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | May | | | | | | | | | May | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | June | | | | | | | | | June | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | July | | | | | | | | | July | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | August | | | | | | | | | August | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | September | | | | | | | | | September | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | October | | | | | | | | | October | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | November | | | | | | | | | November | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | December | | | | | | | | | December | | | | |  | | | | | | | |  | | | | | | | | |
| **ACCREDITATION AND CERTIFICATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your biobank: | RADIO | | | Accredited | | | | | | Accredited | | | | | | | | AccreditationStatus | | | | | | | |  | | | | | | | | |
|  |  | | | Not accredited | | | | | | Not accredited | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Please specify the organization that provides your accreditation. | TEXT | | | Please specify the organization that provides your accreditation. | | | | | |  | | | | | | | | AccredidationOrg | | | | | | | | Show this question when answer "Accredited" to the Question: "Is your biobank:" | | | | | | | | |
| Does your biobank plan to participate in the Biorepository Accreditation Program offered by the College of American Pathologists (CAP)? | RADIO | | | Yes | | | | | | Y | | | | | | | | PursueCAPYN | | | | | | | |  | | | | | | | | |
|  |  | | | No | | | | | | N | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | I was not aware that CAP is offering a certification program | | | | | | Not aware | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Is your biobanking currently obtaining or planning to obtain certification? | RADIO | | | Yes | | | | | | Yes | | | | | | | | CertificationYN | | | | | | | |  | | | | | | | | |
|  |  | | | No | | | | | | No | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Please indicate the type of certification: | CHECKBOX  ☒ | | | ISO 9001 Quality Management System Standard | | | | | | ISO 9001 | | | | | | | | CertType | | | | | | | | Show this question when answer "Yes" to the Question: "Is your biobanking currently obtaining or planning to obtain certification?" | | | | | | | | |
|  | ☒ | | | ISO 27001 Information Security Management Certification | | | | | | ISO 27001 | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | ☒ | | | Other | | | | | | Other | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Please specify: | TEXT | | | Please specify: | | | | | |  | | | | | | | | OtherSpecifyCertType | | | | | | | | Show this question when answer “Other” to the Question: “Please indicate the type of certification:” | | | | | | | | |
| **ORGANIZATIONAL STRUCTURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your biobank part of a: | RADIO | | | Healthcare provider | | | | | | Healthcare provider | | | | | | | | BiobankType | | | | | | | |  | | | | | | | | |
|  |  | | | Clinical research organization | | | | | | Clinical research organization | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Drug or device developer | | | | | | Drug or device developer | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Commercial biobank | | | | | | Commercial biobank | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Other | | | | | | Other | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Please specify: | TEXT | | |  | | | | | |  | | | | | | | | OtherBiobankType | | | | | | | | Show this question when answer "Other" to the Question: "Is your biobank part of a:" | | | | | | | | |
| Is your biobank part of a network of biobanks? (Click 'learn more' for explanation of a biobanking network) | RADIO | | | Yes | | | | | | Y | | | | | | | | NetworkYN | | | | | | | |  | | | | | | | | |
|  |  | | | No | | | | | | N | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Please specify the name of the network: | TEXT | | | Please specify the name of the network: | | | | | |  | | | | | | | | NetworkName | | | | | | | | Show this question when answer “Yes” to the Question: “Is your biobank part of a network of biobanks?” (Click 'learn more' for explanation of a biobanking network) | | | | | | | | |
| What functions does your biobank perform within your network? | CHECKBOX  ☒ | | | Collection | | | | | | Collection | | | | | | | | RoleinNetwork | | | | | | | | Show this question when answer “Yes” to the Question: “Is your biobank part of a network of biobanks?” (Click 'learn more' for explanation of a biobanking network) | | | | | | | | |
|  | ☒ | | | Storage | | | | | | Storage | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | ☒ | | | Distribution | | | | | | Distribution | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | ☒ | | | Central Management and Administration | | | | | | Central Management and Administration | | | | | | | |  | | | | | | | |  | | | | | | | | |
| **DIRECT STAFFING AND OTHER HUMAN RESOURCES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use this table to describe your biobanks direct staff, management, and associates. Click the 'Need Help' button for more a detailed explanation and set of definitions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Type of Personnel  DROPDOWN | | | | | | | | Number of Persons  INTEGER | | | | | | | | Area of Responsibility  DROPDOWN | | | | | Part-Time Percentage  NUMBER | | | | | | | | Budgeted?  DROPDOWN | | | | |
|  |  | | Full Time Managers | | | | | |  | | | | | | | | All | | | | |  | | | | | | | | Included in annual budget | | | | |
|  |  | | Full Time Technical Staff | | | | | |  | | | | | | | | Collection | | | | |  | | | | | | | | Associated staff / Off the biobank's budget | | | | |
|  |  | | Full Time Administrative Staff | | | | | |  | | | | | | | | Processing | | | | |  | | | | | | | |  | | | | |
|  |  | | Part Time Managers | | | | | |  | | | | | | | | Storage | | | | |  | | | | | | | |  | | | | |
|  |  | | Part Time Technical Staff | | | | | |  | | | | | | | | Retrieval/Distribution | | | | |  | | | | | | | |  | | | | |
|  |  | | Part Time Administrative Staff | | | | | |  | | | | | | | |  | | | | |  | | | | | | | |  | | | | |
|  |  | | IT Support Staff | | | | | |  | | | | | | | |  | | | | |  | | | | | | | |  | | | | |
| Please indicate the changes in staffing levels for any of the types of personnel that will change in the coming year. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Type of Personnel  DROPDOWN | | | | | | | | Change in Head Count  DROPDOWN | | | | | | | | Number  NUMBER | | | | | Reason  DROPDOWN | | | | | | | | | | | | |
|  |  | | Full Time Managers | | | | | | Increase | | | | | | | |  | | | | | Normal attrition | | | | | | | | | | | | |
|  |  | | Full Time Technical Staff | | | | | | Decrease | | | | | | | |  | | | | | New project work | | | | | | | | | | | | |
|  |  | | Full Time Administrative Staff | | | | | |  | | | | | | | |  | | | | | Reduced funding | | | | | | | | | | | | |
|  |  | | Part Time Managers | | | | | |  | | | | | | | |  | | | | | Normal expansion in operations | | | | | | | | | | | | |
|  |  | | Part Time Technical Staff | | | | | |  | | | | | | | |  | | | | |  | | | | | | | | | | | | |
|  |  | | Part Time Administrative Staff | | | | | |  | | | | | | | |  | | | | |  | | | | | | | | | | | | |
|  |  | | IT Support Staff | | | | | |  | | | | | | | |  | | | | |  | | | | | | | | | | | | |
| **BEST PRACTICES AND QUALITY ASSURANCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your biobank utilize published best practices? | RADIO | | | Yes | | | | | | Y | | | | | | | | ConformToBestPractices | | | |  | | | | | | | | | | | | |
|  |  | | | No | | | | | | N | | | | | | | |  | | | |  | | | | | | | | | | | | |
| Please indicate which best practices you follow: | CHECKBOX  ☒ | | | ISBER | | | | | | ISBER | | | | | | | | BestPracticesList | | | | Show this question when answer "Yes” to the Question: "Does your biobank utilize published best practices?" | | | | | | | | | | | | |
|  | ☒ | | | OBBR/BBRB | | | | | | OBBR | | | | | | | |  | | | |  | | | | | | | | | | | | |
|  | ☒ | | | BC Biolibrary Framework | | | | | | BC Biolibrary Framework | | | | | | | |  | | | |  | | | | | | | | | | | | |
|  | ☒ | | | Molecular Medicine Ireland (MMI) | | | | | | MMI | | | | | | | |  | | | |  | | | | | | | | | | | | |
|  | ☒ | | | OECD | | | | | | OECD | | | | | | | |  | | | |  | | | | | | | | | | | | |
|  | ☒ | | | Other | | | | | | Other | | | | | | | |  | | | |  | | | | | | | | | | | | |
| Please specify: | TEXT | | | Please specify other best practices: | | | | | |  | | | | | | | | OtherSpecifyBestPractice | | | | Show this question when answer "Other" to the Question: "Please indicate which best practices you follow:" | | | | | | | | | | | | |
| Are you following published best practices for establishing a biobank? | RADIO | | | Yes | | | | | | Y | | | | | | | | FollowBestPracticeEstablishBiobank | | | | Show this question when answer "Less than 1 year” OR “1-3 years" to the Question: "How long has your biobank been in operation?" | | | | | | | | | | | | |
|  |  | | | No | | | | | | N | | | | | | | |  | | | |  | | | | | | | | | | | | |
| **TYPES OF SPECIMENS AND USERS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe the specimen requesters that you currently serve: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Type of Requester  DROPDOWN | | | | | | | | | Percent of Requests  NUMBER | | | | | | | | Status  DROPDOWN | | | | | | | |  | | | | | | | | |
|  |  | | | Internal | | | | | |  | | | | | | | | Growing | | | | | | | |  | | | | | | | | |
|  |  | | | External independent researcher | | | | | |  | | | | | | | | Stable | | | | | | | |  | | | | | | | | |
|  |  | | | Academic medical center | | | | | |  | | | | | | | | Declining | | | | | | | |  | | | | | | | | |
|  |  | | | Pharma | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Commercial biotech | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | | Other biobanks | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Please indicate the new types of biospecimen requestors you expect to be able to serve in the next year. | CHECKBOX  ☒ | | | Internal | | | | | | Internal | | | | | | | | NewRequestorTypes | | | | | | | |  | | | | | | | | |
|  | ☒ | | | External independent researcher | | | | | | External independent researcher | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | ☒ | | | Academic medical center | | | | | | Academic medical center | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | ☒ | | | Commercial biotech | | | | | | Commercial biotech | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | ☒ | | | Pharma | | | | | | Pharma | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | ☒ | | | Other biobanks | | | | | | Other biobanks | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | ☒ | | | Other | | | | | | Other | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Please specify | TEXT | | | Please specify: | | | | | |  | | | | | | | | OtherSpecifyRequesterType | | | | | | | | Show this question when answer “Other” to the Question: “Please indicate the new types of biospecimen requestors you expect to be able to serve in the next year.” | | | | | | | | |
| Please specify the new types of specimens that your biobank will be collecting next year: | CHECKBOX  ☒ | | | Tissue | | | | | | Tissue | | | | | | | | NewSpecimenTypes | | | | | | | |  | | | | | | | | |
|  | ☒ | | | Organ | | | | | | Organ | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | ☒ | | | Blood | | | | | | Blood | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | ☒ | | | Plasma | | | | | | Plasma | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | ☒ | | | Serum | | | | | | Serum | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | ☒ | | | DNA | | | | | | DNA | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | ☒ | | | RNA | | | | | | RNA | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | ☒ | | | Urine | | | | | | Urine | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | ☒ | | | Saliva | | | | | | Saliva | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | ☒ | | | None | | | | | | None | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | ☒ | | | Other | | | | | | Other | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Please specify | TEXT | | | Please specify: | | | | | |  | | | | | | | | OtherSpecifyBiospecimenTypes | | | | | | | | Show this question when answer “Other” to the Question: “Please specify the new types of specimens that your biobank will be collecting next year:” | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
| **Operations - Common** |  | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
| **Question Description** | **Answer Type** | | | **Answer Description** | | | | | | **Answer Value** | | | | | | | | **Question Short Name** | | | | | | | | **Question Visibility Rule** | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate the number of samples by type in your collection at this time. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Sample Type  DROPDOWN | | | | | Room Temperature  NUMBER | | | | | | | | | Refrigerated  NUMBER | | | | | | Frozen  NUMBER | | | | | | | Cryogenic Storage  NUMBER | | | | | | |
|  |  | | | Tissue | |  | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
|  |  | | | Organ | |  | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
|  |  | | | Blood | |  | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
|  |  | | | Plasma | |  | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
|  |  | | | Serum | |  | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
|  |  | | | DNA | |  | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
|  |  | | | RNA | |  | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
|  |  | | | Urine | |  | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
|  |  | | | Saliva | |  | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
| How many samples by type have you collected in the past 12 months? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Sample Type  DROPDOWN | | | | | Room Temperature  NUMBER | | | | | | | | | | Refrigerated  NUMBER | | | | | | | Frozen  NUMBER | | | | | | | | Cryogenic Storage  NUMBER | | | |
|  |  | | | Tissue | |  | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
|  |  | | | Organ | |  | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
|  |  | | | Blood | |  | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
|  |  | | | Plasma | |  | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
|  |  | | | Serum | |  | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
|  |  | | | DNA | |  | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
|  |  | | | RNA | |  | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
|  |  | | | Urine | |  | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
|  |  | | | Saliva | |  | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
| How many samples by type were requested in the last 12 months? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Sample Type  DROPDOWN | | | | | | Number Requested  NUMBER | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |
|  |  | | | Tissue | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |
|  |  | | | Organ | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |
|  |  | | | Blood | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |
|  |  | | | Plasma | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |
|  |  | | | Serum | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |
|  |  | | | DNA | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |
|  |  | | | RNA | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |
|  |  | | | Urine | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |
|  |  | | | Saliva | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |
| How many samples by type were distributed in the past 12 months? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Sample Type  DROPDOWN | | | | | | Room Temperature  NUMBER | | | | | | | | | Refrigerated  NUMBER | | | | | | | Frozen  NUMBER | | | | | | | | Cryogenic Storage  NUMBER | | | |
|  |  | | | Tissue | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
|  |  | | | Organ | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
|  |  | | | Blood | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
|  |  | | | Plasma | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
|  |  | | | Serum | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
|  |  | | | DNA | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
|  |  | | | RNA | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
|  |  | | | Urine | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
|  |  | | | Saliva | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
| Please describe your specimen collection network: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| local collection | CHECKBOX  ☒ | | | We have local collection sites | | | | | | Yes | | | | | | | | LocalCollectionSite | | | | | | | |  | | | | | | | | |
| How many local collection sites support your bank? | NUMBER | | | How many local collection sites support your bank? | | | | | |  | | | | | | | | LocalCollectionSiteNum | | | | | | | | Show this question when answer "We have local collection sites" to the Question: "local collection" | | | | | | | | |
| We have remote collection sites | CHECKBOX  ☒ | | | We have remote collection sites | | | | | | Yes | | | | | | | | RemoteCollectionSitesYN | | | | | | | |  | | | | | | | | |
| How many remote collection sites support your bank? | NUMBER | | | How many remote collection sites support your bank? | | | | | |  | | | | | | | | RemoteCollectionSiteNum | | | | | | | | Show this question when answer "We have remote collection sites" to the Question: "We have remote collection sites" | | | | | | | | |
| Please describe your specimen storage network: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| central storage facility | CHECKBOX  ☒ | | | We have a single central storage facility | | | | | | Yes | | | | | | | | CentralStorageYN | | | | | | | |  | | | | | | | | |
| remote storage | CHECKBOX  ☒ | | | We have remote storage facilities | | | | | | Yes | | | | | | | | RemoteStorageYN | | | | | | | |  | | | | | | | | |
| How many remote storage facilties are part of your biobank? | NUMBER | | | How many remote storage facilities are part of your biobank? | | | | | |  | | | | | | | | RemoteStorageFacilityNum | | | | | | | | Show this question when answer "We have remote storage facilities" to the Question: "remote storage" | | | | | | | | |
| **QUALITY MANAGEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many hours of staff time has been spent to create, review, and approve standard operating procedures? (If this work is not yet completed, please estimate the total time needed to create) | NUMBER | | |  | | | | | |  | | | | | | | | SOPTime | | | | | | | | | | |  | | | | | |
| How frequently do you update your Standard Operating Procedures? | RADIO | | | Monthly | | | | | | Monthly | | | | | | | | SOPUpdate | | | | | | | | | | | Show this question when answer “Build up - Bank is operational. Collection started. No distribution yet.” OR “Expand - Distribution started. Collection expanding. Pursuing new users.” OR “Operate - Stable collection and distribution.” to the Question: “Please indicate the phase that your biobank is currently in:” | | | | | |
|  |  | | | Quarterly | | | | | | Quarterly | | | | | | | |  | | | | | | | | | | |  | | | | | |
|  |  | | | Yearly | | | | | | Yearly | | | | | | | |  | | | | | | | | | | |  | | | | | |
|  |  | | | Other | | | | | | Other | | | | | | | |  | | | | | | | | | | |  | | | | | |
| Other Specify | TEXT | | |  | | | | | |  | | | | | | | | OtherSpecifyUpdateSOPs | | | | | | | | | | | Show this question when answer “Other” to the Question: “How frequently do you update your Standard Operating Procedures?” | | | | | |
| How much time is spent updating your Standard Operating Procedures? (including review and approval time) | NUMBER | | |  | | | | | |  | | | | | | | | SOPUpdateTime | | | | | | | | | | | Show this question when answer “Build up - Bank is operational. Collection started. No distribution yet.” OR “Expand - Distribution started. Collection expanding. Pursuing new users.” OR “Operate - Stable collection and distribution.” To the Question: “Please indicate the phase that your biobank is currently in:” | | | | | |
| Please estimate the number of hours spent training new employees on your Standard Operating Procedures. | NUMBER | | |  | | | | | |  | | | | | | | | SOPTrainingNewStaffHrs | | | | | | | | | | |  | | | | | |
| Please estimate the number of hours spent training existing staff on updated Standard Operating Procedures. | NUMBER | | |  | | | | | |  | | | | | | | | SOPTrainingExistingStaffHrs | | | | | | | | | | | Show this question when answer “Build up - Bank is operational. Collection started. No distribution yet.” OR “Expand - Distribution started. Collection expanding. Pursuing new users.” OR “Operate - Stable collection and distribution.” To the Question: “Please indicate the phase that your biobank is currently in:” | | | | | |
| How does your biobank document adherence to your SOPS and quality assurance standards? | RADIO | | | Our lab management software automatically generates this documentation | | | | | | System Generated | | | | | | | | HowSOPAderence | | | | | | | | | | |  | | | | | |
|  |  | | | We manually document this information | | | | | | Manual | | | | | | | |  | | | | | | | | | | |  | | | | | |
|  |  | | | Our lab management software automatically produces a portion of this documentation that we supplement manually | | | | | | Both System and Manual | | | | | | | |  | | | | | | | | | | |  | | | | | |
| Please estimate the number of hours per month spent producing the SOP compliance and quality assurance documentation for your samples. | NUMBER | | |  | | | | | |  | | | | | | | | MthlyHoursSOPCompliance | | | | | | | | | | | Show this question when answer “We manually document this information” OR “Our lab management software automatically produces a portion of this documentation that we supplement manually” to the Question: “How does your biobank document adherence to your SOPS and quality assurance standards?” | | | | | |
| Does your biobank annotate your biospecimens with scientific data? | RADIO | | | Yes | | | | | | Yes | | | | | | | | AnnotateYN | | | | | | | | | | |  | | | | | |
|  |  | | | No | | | | | | No | | | | | | | |  | | | | | | | | | | |  | | | | | |
| How are the scientific annotations for your biospecimens generated? | RADIO | | | We have fully integrated laboratory management systems that automatically generate the majority of our annotations | | | | | | Automatic | | | | | | | | HowAnnotationsGenerated | | | | | | | | | | | Show this question when answer “Yes” to the Question: “Does your biobank annotate your biospecimens with scientific data?” | | | | | |
|  |  | | | We manually annotate all of our specimens with scientific data | | | | | | Manually | | | | | | | |  | | | | | | | | | | |  | | | | | |
|  |  | | | Some of our annotations are generated automatically by our lab management system and the rest are annotated manually by staff | | | | | | Both | | | | | | | |  | | | | | | | | | | |  | | | | | |
| Please estimate the number of hours per month spent in recording biospecimen annotations. | NUMBER | | |  | | | | | |  | | | | | | | | MthlyHoursforAnnotations | | | | | | | | | | | Show this question when answer “We manually annotate all of our specimens with scientific data” OR “Some of our annotations are generated automatically by our lab management system and the rest are annotated manually by staff” to the Question: “How are the scientific annotations for your biospecimens generated?” | | | | | |
|  |  | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | |
|  |  | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | |
|  |  | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | |
| **Funding Sources** |  | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | |
| **Question Description** | **Answer Type** | | | **Answer Description** | | | | | | **Answer Value** | | | | | | | | **Question Short Name** | | | | | | | | | | | **Question Visibility Rule** | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is your biobank's total annual budget? | NUMBER | | | What is your biobank's total annual budget? | | | | | |  | | | | | | | | AnnualBudget | | | | | | | | | | |  | | | | | |
| How is your biobank planning to sustain funding as budgets are tightening? | CHECKBOX  ☒ | | | Reduce staff | | | | | | Reduce staff | | | | | | | | AccountForTightBudget | | | | | | | | | | |  | | | | | |
|  | ☒ | | | Reduce scale of operations | | | | | | Reduce operations | | | | | | | |  | | | | | | | | | | |  | | | | | |
|  | ☒ | | | Defer acquisitions of new capital equipment | | | | | | Defer acquisitions | | | | | | | |  | | | | | | | | | | |  | | | | | |
| What plans and/or strategies does your biobank have in place to ensure sustainability? | CHECKBOX  ☒ | | | Stewardship Plan | | | | | | Stewardship Plan | | | | | | | | SustainibilityPlans | | | | | | | | | | |  | | | | | |
|  | ☒ | | | Long-term custodianship | | | | | | Long-term custodianship | | | | | | | |  | | | | | | | | | | |  | | | | | |
| What percentage of your annual budget comes from: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | DROPDOWN | | | | | | | | | Percentage  INTEGER | | | | | | | | Type  DROPDOWN | | | | | This source is guaranteed for: | | | | | | | | Indicate Name of the Source  TEXT | | | |
|  |  | | | Charitable donations | | | | | |  | | | | | | | | Direct cash | | | | | This fiscal year | | | | | | | |  | | | |
|  |  | | | Support from your host enterprise | | | | | |  | | | | | | | | Contributions in kind | | | | | The next fiscal year | | | | | | | |  | | | |
|  |  | | | Support from affiliated biobanking network | | | | | |  | | | | | | | |  | | | | | The next 2 fiscal years | | | | | | | |  | | | |
|  |  | | | Biobanking grants | | | | | |  | | | | | | | |  | | | | | The next 3 fiscal years | | | | | | | |  | | | |
|  |  | | | In-house clinical research grants | | | | | |  | | | | | | | |  | | | | | Beyond the next 3 fiscal years | | | | | | | |  | | | |
|  |  | | | Contract specimen collection services | | | | | |  | | | | | | | |  | | | | |  | | | | | | | |  | | | |
|  |  | | | Specimen sales | | | | | |  | | | | | | | |  | | | | |  | | | | | | | |  | | | |
|  |  | | | Other biobanking related contract services | | | | | |  | | | | | | | |  | | | | |  | | | | | | | |  | | | |
|  |  | | | Other | | | | | |  | | | | | | | |  | | | | |  | | | | | | | |  | | | |
| Please estimate the amount of time spent each month developing funding sources: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | DROPDOWN | | | | | | | | | Hours developing new sources | | | | | | | | | | Hours maintaining existing sources | | | | | |  | | | | | | | | |
|  |  | | | Staff | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | | | | |
|  |  | | | Management | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | | | | |
| Please indicate the importance for your biobank: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 1 | | | | | | 2 | | | | | | | | 3 | | | | | | | |  | | | | | | | | |
| Maintaining current funding | | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Replacing declining funding sources | | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Establishing new sources of funding | | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Is your biobank funded as part of publicly provided healthcare services or publicly funded clinical research? | | RADIO | | Yes. Our annual budget is fully funded | | | | | | Budget fully funded | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | |  | | Yes. Our annual budget is partially funded | | | | | | Budget partially funded | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | |  | | No. Our annual budget is not funded through public healthcare support or publicly funded clinical research | | | | | | No | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Please categorize the process for appropriating public funds: | | RADIO | | We annually request earmarked funds and get approval based on performance and related criteria | | | | | | Approval based on performance | | | | | | | | ProcessforAppropriatingfunds | | | | | | | | Show this question when answer “Yes. Our annual budget is fully funded” OR “Yes. Our annual budget is partially funded” to the Question: “Is your biobank funded as part of publicly provided healthcare services or publicly funded clinical research?” | | | | | | | | |
|  | |  | | Our funds are not earmarked. We must compete with other usages of public funds in securing our annual budget. | | | | | | Must compete | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | |  | | Other | | | | | | Other | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Please briefly describe your process: | | TEXTAREA | |  | | | | | |  | | | | | | | | Otherspecifyprocess | | | | | | | | Show this question when answer Other Question: Please categorize the process for appropriating public funds: | | | | | | | | |
| Please provide any additional detail regarding how you secure public funds to support your biobank. | | TEXTAREA | |  | | | | | |  | | | | | | | | Otherinfosecurepublicfunds | | | | | | | | Show this question when answer “We annually request earmarked funds and get approval based on performance and related criteria” OR “Our funds are not earmarked. We must compete with other usages of public funds in securing our annual budget.” to the Question: “Please categorize the process for appropriating public funds:” | | | | | | | | |
| How does your biobank respond to fluctuations in publicly provided funds? | | CHECKBOX  ☒ | | We adjust staffing levels to available funding | | | | | | We adjust staffing levels to available funding | | | | | | | | FluctuationResponse | | | | | | | | Show this question when answer “Yes. Our annual budget is partially funded” to the Question: “Is your biobank funded as part of publicly provided healthcare services?” | | | | | | | | |
|  | | ☒ | | We make up the difference with alternative sources of funding | | | | | | We make up the difference with alternative sources of funding | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | | ☒ | | Other | | | | | | Other | | | | | | | |  | | | | | | | |  | | | | | | | | |
| To what degree do you feel that the original sponsors of your biobank bare a long-term responsibility for the stewdardship of your specimen collections? | | RADIO | | High - Our original sponsors continue to work to secure long-term funding. | | | | | | High | | | | | | | | Degreeofsponsorstewardship | | | | | | | |  | | | | | | | | |
|  | |  | | Medium - Our biobank was founded to be in operation for only a finite period of time, after which specimens will be disposed. | | | | | | Medium | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | |  | | Low - Our original sponsors expect that the long-term support of our biobank will be assumed by others. (biobank management, other sponsors, etc) | | | | | | Low | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Please provide any additional details related to your answer above that you feel would be helpful. | | TEXTAREA | |  | | | | | |  | | | | | | | | Additionalinfostewardhip | | | | | | | |  | | | | | | | | |
| Who do you think should be responsible for the long-term stewardship of your biospecimens? | | TEXT | |  | | | | | |  | | | | | | | | WhoResponsibleForStewardship | | | | | | | |  | | | | | | | | |
|  | |  | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
| **Cost Information** | | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
| **Question Description** | **Answer Type** | | | **Answer Description** | | | | | | **Answer Value** | | | | | | | | **Question Short Name** | | | | | | | | **Question Visibility Rule** | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What were your total costs of operations last year? | NUMBER | | | What were your total costs of operations last year? | | | | | |  | | | | | | | | OperationCostPreviousYear | | | | | | | |  | | | | | | | | |
| What is your total cost of operations this year? | NUMBER | | | What is your total cost of operations this year? | | | | | |  | | | | | | | | OperationCostCurrentYear | | | | | | | |  | | | | | | | | |
| **DIRECT COSTS FOR THE CURRENT YEAR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What are your total direct labor costs? (salary and fringe benefits for biobank staff) | NUMBER | | |  | | | | | |  | | | | | | | | DirectLaborTotalCosts | | | | | | | |  | | | | | | | | |
| Please indicate the distribution of your costs in percentages for the following parts of the biobank value chain framework. (\*Please do not include shipping costs in your ODC's) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | DROPDOWN | | | | | | | | | Collection  NUMBER | | | | | | | | Processing  NUMBER | | | | | | | Storage  NUMBER | | | | | | | Retrieval and Distribution  NUMBER | | |
|  |  | | | Budgeted Labor | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | |
|  |  | | | Associated Labor | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | |
|  |  | | | Materials | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | |
|  |  | | | Other Direct Costs (\*ODC) | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | |
| **INDIRECT, ADMINISTRATIVE, AND INFRASTRUCTURE COSTS FOR THE CURRENT YEAR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What are your total indirect labor costs? (salary and fringe benefits for management and administrative staff) | NUMBER | | | What are your total indirect labor costs? (salary and fringe benefits for management and administrative staff) | | | | | |  | | | | | | | | IndirectLaborCostTotal | | | | | | | |  | | | | | | | | |
| What are your total information technology (IT) costs? | NUMBER | | | What are your total information technology (IT) costs? | | | | | |  | | | | | | | | TotalITCosts | | | | | | | |  | | | | | | | | |
| What is the estimated total current value of your capital equipment? | NUMBER | | | What is the estimated total current value of your capital equipment? | | | | | |  | | | | | | | | CapitalEquipValue | | | | | | | |  | | | | | | | | |
| What is your capital budget for new equipment for this year (Please indicate robotic systems, freezers, microscopes, etc). | NUMBER | | | What is your capital budget for new equipment for this year (Please indicate robotic systems, freezers, microscopes, etc). | | | | | |  | | | | | | | | BudgetNewCapitalEquipCurrentYear | | | | | | | |  | | | | | | | | |
| What is your capital budget for replacing old equipment for this year? | NUMBER | | | What is your capital budget for replacing old equipment for this year? | | | | | |  | | | | | | | | CapitalBudgetReplaceEquip | | | | | | | |  | | | | | | | | |
| **Please estimate your annual shipping costs:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide your yearly costs to ship specimens from collection points to storage by specimen type. | | | | | | | | | | | | | | | | | | | | | | | | | | Show this question when answer “We have remote collection sites” to the Question: “We have remote collection sites” | | | | | | | | |
|  | DROPDOWN | | | | | | | Annual Collection Shipping Cost  NUMBER | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
|  |  | | | Ambient | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
|  |  | | | Dry Ice | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
|  |  | | | LN2 | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
|  |  | | | Other | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
| Please provide your yearly costs to distribute specimens among storage locations by specimen type. | | | | | | | | | | | | | | | | | | | | | | | | | | Show this question when answer We have remote storage facilities Question: remote storage | | | | | | | | |
|  | DROPDOWN | | | | | | | Annual Inter-Storage Shipping Cost  NUMBER | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
|  |  | | | Ambient | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
|  |  | | | Dry Ice | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
|  |  | | | LN2 | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
|  |  | | | Other | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
| Please provide your yearly costs to distribute specimens to requesters by specimen type. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | DROPDOWN | | | | | | | | | | Annual Distribution Shipping Cost | | | | | | | |  | | | | | | |  | | | | | | | | |
|  |  | | | Ambient | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |
|  |  | | | Dry Ice | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |
|  |  | | | LN2 | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |
|  |  | | | Other | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |
| What do you project your cost of operations to be next year? | NUMBER | | | What do you project your cost of operations to be next year? | | | | | | |  | | | | | | | | OperationCostsNextYear | | | | | | |  | | | | | | | | |
| Does your biobank pay for use of infrastructure (physical space, energy, phone, other utilities, etc) as part of your budget? | RADIO | | | Yes | | | | | | | Yes | | | | | | | | InfrastructurePayStatusYN | | | | | | |  | | | | | | | | |
|  |  | | | No, our infrastructure is provided by our host enterprise | | | | | | | No | | | | | | | |  | | | | | | |  | | | | | | | | |
| Please indicate your biobank's annual infrastructure costs (in dollars): | NUMBER | | |  | | | | | | |  | | | | | | | | InfrastructureCosts | | | | | | | Show this question when answer “Yes” to the Question: “Does your biobank pay for use of infrastructure (physical space, energy, phone, other utilities, etc) as part of your budget?” | | | | | | | | |
|  |  | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |
|  |  | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |
|  |  | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |
| **Challenges - Common** |  | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |
| **Question Description** | **Answer Type** | | | **Answer Description** | | | | | | | **Answer Value** | | | | | | | | **Question Short Name** | | | | | | | **Question Visibility Rule** | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate the criticality for the challenges that your biobank is currently facing or anticipates facing in the next 12 months. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | DROPDOWN | | | | | | | | | | | Rating | | | | | | | Describe your MAJOR issue/challenge  TEXT | | | | | | Describe your solution, if applicable  TEXT | | | | | | | | Solution considered as best practice?  CHECKMARK | |
|  |  | | | Sustaining current growth | | | | | | | | High (This is a critical issue) | | | | | | |  | | | | | |  | | | | | | | | ☒ | |
|  |  | | | Acquiring new specimens | | | | | | | | Medium (This is a challenge but of moderate difficulty) | | | | | | |  | | | | | |  | | | | | | | | | ☒ |
|  |  | | | Replacing declining funding sources | | | | | | | | Low (This is a challenge but we have a means of dealing with it) | | | | | | |  | | | | | |  | | | | | | | | | ☒ |
|  |  | | | Keeping pace with quality standards | | | | | | | | N/A (not concerned) | | | | | | |  | | | | | |  | | | | | | | | | ☒ |
|  |  | | | Managing regulatory demands | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | ☒ |
|  |  | | | Labor attrition | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | ☒ |
|  |  | | | Managing changing consent | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | ☒ |
|  |  | | | Data security | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | ☒ |
|  |  | | | Integrating our information systems | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | ☒ |
|  |  | | | Keeping up with emerging technologies | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | ☒ |
|  |  | | | Centralizing biobank operations in my enterprise | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | ☒ |
|  |  | | | Establishing a competitive charge structure for specimens | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | ☒ |
|  |  | | | Establishing a competitive charge structure for specimen related services | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | ☒ |
|  |  | | | Securing sustainable funding | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | ☒ |
|  |  | | | Other | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | ☒ |
|  |  | | |  | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | |
|  |  | | |  | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | |
| **Summary - Common** |  | | |  | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | |
| **Question Description** | **Answer Type** | | | **Answer Description** | | | | | | | | **Answer Value** | | | | | | | **Question Short Name** | | | | | | **Question Visibility Rule** | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please tell us how useful the following information and tools would be to your biobank. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | DROPDOWN | | | | | | | | | Rating  DROPDOWN | | | | | | | | Timeframe  DROPDOWN | | | | | | Preferred Format  TEXT | | | | | | | | | | Comments/Desirable Features  TEXT |
|  |  | | | Annual Strategic Planning Guide | | | | | | My biobank really needs this | | | | | | | | Needed now | | | | | |  | | | | | | | | | |  |
|  |  | | | Financial Benchmark | | | | | | My biobank would find this somewhat useful | | | | | | | | Needed in the next 6 months | | | | | |  | | | | | | | | | |  |
|  |  | | | Operational Benchmark | | | | | | My biobank does not need this | | | | | | | | Needed in the next year | | | | | |  | | | | | | | | | |  |
|  |  | | | Biobanking Business Case Development Guide | | | | | | My biobank already has this | | | | | | | |  | | | | | |  | | | | | | | | | |  |
|  |  | | | Inventory Management Tool | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | | | |  |
|  |  | | | Cost and Revenue Tracking | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | | | |  |
|  |  | | | Biobanking Technology Comparison Guide | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | | | |  |
| Please use this table to suggest new tools and information that you would find useful. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Description  TEXT | | | | Format  DROPDOWN | | | | | | | | |  | | | |  | | | | | | | | |  | | | | | | | |
|  |  | | | | Web Application | | | | | | | | |  | | | |  | | | | | | | | |  | | | | | | | |
|  |  | | | | Document | | | | | | | | |  | | | |  | | | | | | | | |  | | | | | | | |
|  |  | | | | Excel Sheet | | | | | | | | |  | | | |  | | | | | | | | |  | | | | | | | |
|  |  | | | | Other | | | | | | | | |  | | | |  | | | | | | | | |  | | | | | | | |