

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 <input checked="" type="checkbox"/>	My biobank operates in the US or a US Territory	US	US	
Please indicate the state in which your biobank resides:	DROPDOWN <input type="text"/>	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?"
	<input type="text"/>	AK	AK		
	<input type="text"/>	AZ	AZ		
	<input type="text"/>	AR	AR		
	<input type="text"/>	CA	CA		
	<input type="text"/>	CO	CO		
	<input type="text"/>	CT	CT		
	<input type="text"/>	DE	DE		
	<input type="text"/>	FL	FL		
	<input type="text"/>	GA	GA		
	<input type="text"/>	HI	HI		
	<input type="text"/>	ID	ID		
	<input type="text"/>	IL	IL		
	<input type="text"/>	IN	IN		
	<input type="text"/>	IA	IA		

	<input type="text"/>	KS	KS		
	<input type="text"/>	KY	KY		
	<input type="text"/>	LA	LA		
	<input type="text"/>	ME	ME		
	<input type="text"/>	MD	MD		
	<input type="text"/>	MA	MA		
	<input type="text"/>	MI	MI		
	<input type="text"/>	MN	MN		
	<input type="text"/>	MS	MS		
	<input type="text"/>	MO	MO		
	<input type="text"/>	MT	MT		
	<input type="text"/>	NE	NE		
	<input type="text"/>	NV	NV		
	<input type="text"/>	NH	NH		
	<input type="text"/>	NJ	NJ		
	<input type="text"/>	NM	NM		
	<input type="text"/>	NY	NY		
	<input type="text"/>	NC	NC		
	<input type="text"/>	ND	ND		
	<input type="text"/>	OH	OH		
	<input type="text"/>	OK	OK		
	<input type="text"/>	OR	OR		
	<input type="text"/>	PA	PA		
	<input type="text"/>	RI	RI		
	<input type="text"/>	SC	SC		
	<input type="text"/>	SD	SD		
	<input type="text"/>	TN	TN		
	<input type="text"/>	TX	TX		

	<input type="text"/>	UT	UT		
	<input type="text"/>	VT	VT		
	<input type="text"/>	VA	VA		
	<input type="text"/>	WA	WA		
	<input type="text"/>	WV	WV		
	<input type="text"/>	WI	WI		
	<input type="text"/>	WY	WY		
	<input type="text"/>	Any of the US Territories	US Territories		
Does your biobank network collect and distribute specimens from and to all 50 states?	RADIO <input type="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)"
	<input type="radio"/>	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 <input type="text"/>	North America	North America	Country1	
	<input type="text"/>	Europe	Europe		
	<input type="text"/>	Asia	Asia		
	<input type="text"/>	India	India		
	<input type="text"/>	Africa	Africa		
	<input type="text"/>	Australia	Australia		
	<input type="text"/>	South America	South America		

In what North American country is your biobank located?	DROPDOWN <input type="text"/>	United States	United States	Northamericancountry1	Show this question when answer "North America" to the Question: "On what continent is your biobank located"
	<input type="text"/>	Canada	Canada		
	<input type="text"/>	Mexico	Mexico		
	<input type="text"/>	Belize	Belize		
	<input type="text"/>	Costa Rica	Costa Rica		
	<input type="text"/>	El Salvador	El Salvador		
	<input type="text"/>	Guatemala	Guatemala		
	<input type="text"/>	Honduras	Honduras		
	<input type="text"/>	Nicaragua	Nicaragua		
	<input type="text"/>	Panama	Panama		
In what South American country is your biobank located	DROPDOWN <input type="text"/>	Argentina	Argentina	Southamericancountry	Show this question when answer "South America" to the Question: "On what continent is your biobank located"
	<input type="text"/>	Bolivia	Bolivia		
	<input type="text"/>	Brazil	Brazil		
	<input type="text"/>	Chile	Chile		
	<input type="text"/>	Columbia	Columbia		
	<input type="text"/>	Ecuador	Ecuador		
	<input type="text"/>	Falkland Islands	Falkland Islands		
	<input type="text"/>	French Guiana	French Guiana		
	<input type="text"/>	Guyana	Guyana		
	<input type="text"/>	Paraguay	Paraguay		
	<input type="text"/>	Peru	Peru		
	<input type="text"/>	South Georgia and South Sandwich Islands	South Georgia and South Sandwich Islands		
	<input type="text"/>	Suriname	Suriname		
	<input type="text"/>	Trinidad	Trinidad		
	<input type="text"/>	Uruguay	Uruguay		
	<input type="text"/>	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 <input type="radio"/>	Less than 1 year	Less than 1 year	DurationOfOperation	
	<input type="radio"/>	1-3 years	1 to 3 years		
	<input type="radio"/>	3-5 years	3 to 5 years		
	<input type="radio"/>	5-10 years	5 to 10 years		
	<input type="radio"/>	Greater than 10 years	Greater than 10 years		
Please indicate the phase that your biobank is currently in:	RADIO <input type="radio"/>	Startup - Staff is putting the bank in operation. No collection or distribution	Startup	Phase	
	<input type="radio"/>	Build up - Bank is operational. Collection started. No distribution yet.	Build up		
	<input type="radio"/>	Expand - Distribution started. Collection expanding. Pursuing new users.	Expand		
	<input type="radio"/>	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 <input type="text"/>	January	January	FiscalYearstart	
	<input type="text"/>	February	February		
	<input type="text"/>	March	March		
	<input type="text"/>	April	April		
	<input type="text"/>	May	May		
	<input type="text"/>	June	June		
	<input type="text"/>	July	July		
	<input type="text"/>	August	August		
	<input type="text"/>	September	September		
	<input type="text"/>	October	October		
	<input type="text"/>	November	November		
	<input type="text"/>	December	December		
What the end of your biobank's fiscal year?	DROPDOWN <input type="text"/>	January	January	FiscalYearEnd	
	<input type="text"/>	February	February		
	<input type="text"/>	March	March		
	<input type="text"/>	April	April		
	<input type="text"/>	May	May		
	<input type="text"/>	June	June		
	<input type="text"/>	July	July		
	<input type="text"/>	August	August		
	<input type="text"/>	September	September		
	<input type="text"/>	October	October		
	<input type="text"/>	November	November		
	<input type="text"/>	December	December		
ACCREDITATION AND CERTIFICATIONS					

Is your biobank:	RADIO <input type="radio"/>	Accredited	Accredited	AccreditationStatus	
	<input type="radio"/>	Not accredited	Not accredited		
Please specify the organization that provides your accreditation.	TEXT <input type="text"/>	Please specify the organization that provides your accreditation.		AccreditationOrg	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 <input type="radio"/>	Yes	Y	PursueCAPYN	
	<input type="radio"/>	No	N		
	<input type="radio"/>	I was not aware that CAP is offering a certification program	Not aware		
Is your biobanking currently obtaining or planning to obtain certification?	RADIO <input type="radio"/>	Yes	Yes	CertificationYN	
	<input type="radio"/>	No	No		
Please indicate the type of certification:	CHECKBOX <input checked="" type="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?"
	<input checked="" type="checkbox"/>	ISO 27001 Information Security Management Certification	ISO 27001		
	<input checked="" type="checkbox"/>	Other	Other		
Please specify:	TEXT <input type="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 <input type="radio"/>	Healthcare provider	Healthcare provider	BiobankType	
	<input type="radio"/>	Clinical research organization	Clinical research organization		
	<input type="radio"/>	Drug or device developer	Drug or device developer		

	<input type="radio"/>	Commercial biobank	Commercial biobank		
	<input type="radio"/>	Other	Other		
Please specify:	TEXT <input type="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 <input type="radio"/>	Yes	Y	NetworkYN	
	<input type="radio"/>	No	N		
Please specify the name of the network:	TEXT <input type="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 <input checked="" type="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)
	<input checked="" type="checkbox"/>	Storage	Storage		
	<input checked="" type="checkbox"/>	Distribution	Distribution		
	<input checked="" type="checkbox"/>	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
	<input type="text"/> Full Time Managers	<input type="text"/>	<input type="text"/> All	<input type="text"/>	<input type="text"/> Included in annual budget
	<input type="text"/> Full Time Technical Staff	<input type="text"/>	<input type="text"/> Collection	<input type="text"/>	<input type="text"/> Associated staff / Off the biobank's budget
	<input type="text"/> Full Time Administrative Staff	<input type="text"/>	<input type="text"/> Processing	<input type="text"/>	
	<input type="text"/> Part Time Managers	<input type="text"/>	<input type="text"/> Storage	<input type="text"/>	
	<input type="text"/> Part Time Technical Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	

<input type="text"/>				Retrieval/Distribution	<input type="text"/>	
<input type="text"/>		Part Time Administrative Staff	<input type="text"/>		<input type="text"/>	
<input type="text"/>		IT Support Staff	<input type="text"/>		<input type="text"/>	

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
<input type="text"/>	Full Time Managers	<input type="text"/> Increase	<input type="text"/>	<input type="text"/> Normal attrition
<input type="text"/>	Full Time Technical Staff	<input type="text"/> Decrease	<input type="text"/>	<input type="text"/> New project work
<input type="text"/>	Full Time Administrative Staff		<input type="text"/>	<input type="text"/> Reduced funding
<input type="text"/>	Part Time Managers		<input type="text"/>	<input type="text"/> Normal expansion in operations
<input type="text"/>	Part Time Technical Staff		<input type="text"/>	
<input type="text"/>	Part Time Administrative Staff		<input type="text"/>	
<input type="text"/>	IT Support Staff		<input type="text"/>	

BEST PRACTICES AND QUALITY ASSURANCE

Does your biobank utilize published best practices?	RADIO <input type="radio"/>	Yes	Y	ConformToBestPractices	
	<input type="radio"/>	No	N		
Please indicate which best practices you follow:	CHECKBOX <input checked="" type="checkbox"/>	ISBER	ISBER	BestPracticesList	Show this question when answer "Yes" to the Question: "Does your biobank utilize published best practices?"
	<input checked="" type="checkbox"/>	OBBR/BBRB	OBBR		
	<input checked="" type="checkbox"/>	BC Biolibrary Framework	BC Biolibrary Framework		
	<input checked="" type="checkbox"/>	Molecular Medicine Ireland (MMI)	MMI		
	<input checked="" type="checkbox"/>	OECD	OECD		

	<input checked="" type="checkbox"/>	Other	Other		
Please specify:	TEXT <input type="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 <input type="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?"
	<input type="radio"/>	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		
	<input type="text"/>	Internal	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	External independent researcher	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	Academic medical center	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	Pharma	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	Commercial biotech	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	Other biobanks	<input type="text"/>	<input type="text"/>	
Please indicate the new types of biospecimen requestors you expect to be able to serve in the next year.	CHECKBOX <input checked="" type="checkbox"/>	Internal	Internal	NewRequestorTypes	
	<input checked="" type="checkbox"/>	External independent researcher	External independent researcher		
	<input checked="" type="checkbox"/>	Academic medical center	Academic medical center		
	<input checked="" type="checkbox"/>	Commercial biotech	Commercial biotech		
	<input checked="" type="checkbox"/>	Pharma	Pharma		
	<input checked="" type="checkbox"/>	Other biobanks	Other biobanks		
	<input checked="" type="checkbox"/>	Other	Other		
Please specify	TEXT	Please specify:		OtherSpecifyRequesterType	Show this question when answer "Other" to

	<input type="checkbox"/>			e	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 <input checked="" type="checkbox"/>	Tissue	Tissue	NewSpecimenTypes	
	<input checked="" type="checkbox"/>	Organ	Organ		
	<input checked="" type="checkbox"/>	Blood	Blood		
	<input checked="" type="checkbox"/>	Plasma	Plasma		
	<input checked="" type="checkbox"/>	Serum	Serum		
	<input checked="" type="checkbox"/>	DNA	DNA		
	<input checked="" type="checkbox"/>	RNA	RNA		
	<input checked="" type="checkbox"/>	Urine	Urine		
	<input checked="" type="checkbox"/>	Saliva	Saliva		
	<input checked="" type="checkbox"/>	None	None		
	<input checked="" type="checkbox"/>	Other	Other		
Please specify	TEXT <input type="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
	<input type="text"/>	Tissue	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Organ	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Blood	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Plasma	<input type="text"/>	<input type="text"/>	<input type="text"/>

	<input type="text"/>	Serum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	DNA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	RNA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Urine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Saliva	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
	<input type="text"/> Tissue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Organ	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Blood	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Plasma	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Serum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> DNA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> RNA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Urine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> Saliva	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How many samples by type were requested in the last 12 months?

	Sample Type DROPDOWN	Number Requested NUMBER		
	<input type="text"/> Tissue	<input type="text"/>		
	<input type="text"/> Organ	<input type="text"/>		
	<input type="text"/> Blood	<input type="text"/>		
	<input type="text"/> Plasma	<input type="text"/>		
	<input type="text"/> Serum	<input type="text"/>		
	<input type="text"/> DNA	<input type="text"/>		
	<input type="text"/> RNA	<input type="text"/>		
	<input type="text"/> Urine	<input type="text"/>		
	<input type="text"/> Saliva	<input type="text"/>		

How many samples by type were distributed in the past 12 months?

	Sample Type	Room Temperature	Refrigerated	Frozen	Cryogenic Storage
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	DROPDOWN		NUMBER	NUMBER	NUMBER	NUMBER
	<input type="text"/>	Tissue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Organ	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Blood	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Plasma	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Serum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	DNA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	RNA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Urine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Saliva	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please describe your specimen collection network:						
local collection	CHECKBOX <input checked="" type="checkbox"/>	We have local collection sites	Yes	LocalCollectionSite		
How many local collection sites support your bank?	NUMBER <input type="text"/>	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 <input checked="" type="checkbox"/>	We have remote collection sites	Yes	RemoteCollectionSitesYN		
How many remote collection sites support your bank?	NUMBER <input type="text"/>	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 <input checked="" type="checkbox"/>	We have a single central storage facility	Yes	CentralStorageYN		
remote storage	CHECKBOX <input checked="" type="checkbox"/>	We have remote storage facilities	Yes	RemoteStorageYN		
How many remote storage facilities are part of your biobank?	NUMBER <input type="text"/>	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 <input type="text"/>			SOTime		

How frequently do you update your Standard Operating Procedures?	RADIO <input type="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:"
	<input type="radio"/>	Quarterly	Quarterly		
	<input type="radio"/>	Yearly	Yearly		
	<input type="radio"/>	Other	Other		
Other Specify	TEXT <input type="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 <input type="text"/>			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 <input type="text"/>			SOPTrainingNewStaffHrs	
Please estimate the number of hours spent training existing staff on updated Standard Operating Procedures.	NUMBER <input type="text"/>			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 <input type="radio"/>	Our lab management software automatically generates this documentation	System Generated	HowSOPAdherence	
	<input type="radio"/>	We manually document this information	Manual		
	<input type="radio"/>	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 <input type="text"/>			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 <input type="radio"/>	Yes	Yes	AnnotateYN	
	<input type="radio"/>	No	No		
How are the scientific annotations for your biospecimens generated?	RADIO <input type="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?"
	<input type="radio"/>	We manually annotate all of our specimens with scientific data	Manually		
	<input type="radio"/>	Some of our annotations are generated automatically by our lab management system and the rest are	Both		

		annotated manually by staff			
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 <input type="text"/>	What is your biobank's total annual budget?		AnnualBudget	
How is your biobank planning to sustain funding as budgets are tightening?	CHECKBOX <input checked="" type="checkbox"/>	Reduce staff	Reduce staff	AccountForTightBudget	
	<input checked="" type="checkbox"/>	Reduce scale of operations	Reduce operations		
	<input checked="" type="checkbox"/>	Defer acquisitions of new capital equipment	Defer acquisitions		
What plans and/or strategies does your biobank have in place to ensure sustainability?	CHECKBOX <input checked="" type="checkbox"/>	Stewardship Plan	Stewardship Plan	SustainabilityPlans	
	<input checked="" type="checkbox"/>	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
	<input type="text"/>	Charitable donations	<input type="text"/>	<input type="text"/> Direct cash	<input type="text"/> This fiscal year

	<input type="text"/>	Support from your host enterprise	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Support from affiliated biobanking network	<input type="text"/>	Contributions in kind	The next fiscal year	<input type="text"/>
	<input type="text"/>	Biobanking grants	<input type="text"/>		The next 2 fiscal years	<input type="text"/>
	<input type="text"/>	In-house clinical research grants	<input type="text"/>		The next 3 fiscal years	<input type="text"/>
	<input type="text"/>	Contract specimen collection services	<input type="text"/>		Beyond the next 3 fiscal years	<input type="text"/>
	<input type="text"/>	Specimen sales	<input type="text"/>			<input type="text"/>
	<input type="text"/>	Other biobanking related contract services	<input type="text"/>			<input type="text"/>
	<input type="text"/>	Other	<input type="text"/>			<input type="text"/>

Please estimate the amount of time spent each month developing funding sources:

	DROPDOWN		Hours developing new sources	Hours maintaining existing sources	
	<input type="text"/>	Staff	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	Management	<input type="text"/>	<input type="text"/>	

Please indicate the importance for your biobank:

	1	2	3	
Maintaining current funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Replacing declining funding sources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Establishing new sources of funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Is your biobank funded as part of publicly provided healthcare services or publicly funded clinical research?	RADIO <input type="radio"/>	Yes. Our annual budget is fully funded	Budget fully funded	
	<input type="radio"/>	Yes. Our annual budget is partially funded	Budget partially funded	
	<input type="radio"/>	No. Our annual budget is not funded through public healthcare	No	

		support or publicly funded clinical research			
Please categorize the process for appropriating public funds:	RADIO <input type="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?"
	<input type="radio"/>	Our funds are not earmarked. We must compete with other usages of public funds in securing our annual budget.	Must compete		
	<input type="radio"/>	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 <input checked="" type="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?"
	<input checked="" type="checkbox"/>	We make up the difference with alternative sources of funding	We make up the difference with alternative sources of funding		
	<input checked="" type="checkbox"/>	Other	Other		

To what degree do you feel that the original sponsors of your biobank bare a long-term responsibility for the stewardship 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			Additionalinfofostewardhip	
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 <input type="text"/>	What were your total costs of operations last year?		OperationCostPreviousYear	
What is your total cost of operations this year?	NUMBER <input type="text"/>	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 <input type="text"/>			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
	<input type="text"/>	Budgeted Labor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Associated Labor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Materials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Other Direct Costs (*ODC)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 <input type="text"/>	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 <input type="text"/>	What are your total information technology (IT) costs?		TotalITCosts		
What is the estimated total current value of your capital equipment?	NUMBER <input type="text"/>	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 <input type="text"/>	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 <input type="text"/>	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		
	<input type="text"/>	Ambient	<input type="text"/>		
	<input type="text"/>	Dry Ice	<input type="text"/>		
	<input type="text"/>	LN2	<input type="text"/>		
	<input type="text"/>	Other	<input type="text"/>		
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		
	<input type="text"/>	Ambient	<input type="text"/>		
	<input type="text"/>	Dry Ice	<input type="text"/>		
	<input type="text"/>	LN2	<input type="text"/>		
	<input type="text"/>	Other	<input type="text"/>		
Please provide your yearly costs to distribute specimens to requesters by specimen type.					
	DROPDOWN		Annual Distribution Shipping Cost		
	<input type="text"/>	Ambient	<input type="text"/>		
	<input type="text"/>	Dry Ice	<input type="text"/>		
	<input type="text"/>	LN2	<input type="text"/>		
	<input type="text"/>	Other	<input type="text"/>		
What do you project your cost of operations to be next year?	NUMBER <input type="text"/>	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 <input type="radio"/>	Yes	Yes	InfrastructurePayStatusY N	
	<input type="radio"/>	No, our infrastructure is provided by our host enterprise	No		
Please indicate your biobank's annual infrastructure costs (in dollars):	NUMBER <input type="text"/>			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
	<input type="text"/>	Sustaining current growth	High (This is a critical issue)	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
	<input type="text"/>	Acquiring new specimens	Medium (This is a challenge but of moderate difficulty)	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
	<input type="text"/>	Replacing declining funding sources	Low (This is a challenge but we have a means of dealing with it)	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
	<input type="text"/>	Keeping pace with quality standards	N/A (not concerned)	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
	<input type="text"/>	Managing regulatory demands		<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
	<input type="text"/>	Labor attrition		<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
	<input type="text"/>	Managing changing consent		<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
	<input type="text"/>	Data security		<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
	<input type="text"/>	Integrating our information systems		<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
	<input type="text"/>	Keeping up with emerging technologies		<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
	<input type="text"/>	Centralizing biobank operations in my enterprise		<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>

	<input type="text"/>	Establishing a competitive charge structure for specimens		<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
	<input type="text"/>	Establishing a competitive charge structure for specimen related services		<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
	<input type="text"/>	Securing sustainable funding		<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
	<input type="text"/>	Other		<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>

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
	<input type="text"/>	Annual Strategic Planning Guide	<input type="text"/> My biobank really needs this	<input type="text"/> Needed now	<input type="text"/>
	<input type="text"/>	Financial Benchmark	<input type="text"/> My biobank would find this somewhat useful	<input type="text"/> Needed in the next 6 months	<input type="text"/>
	<input type="text"/>	Operational Benchmark	<input type="text"/> My biobank does not need this	<input type="text"/> Needed in the next year	<input type="text"/>
	<input type="text"/>	Biobanking Business Case Development Guide	<input type="text"/> My biobank already has this		<input type="text"/>
	<input type="text"/>	Inventory Management Tool			<input type="text"/>

	<input type="text"/>	Cost and Revenue Tracking			<input type="text"/>	<input type="text"/>
	<input type="text"/>	Biobanking Technology Comparison Guide			<input type="text"/>	<input type="text"/>

Please use this table to suggest new tools and information that you would find useful.

	Description TEXT	Format DROPDOWN			
	<input type="text"/>	Web Application	<input type="text"/>		
	<input type="text"/>	Document	<input type="text"/>		
	<input type="text"/>	Excel Sheet	<input type="text"/>		
	<input type="text"/>	Other	<input type="text"/>		