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## Expression Of Interest in a Urine-based Interlaboratory Comparison

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OMB Control No. 0693-0043  
Expiration Date: 12/31/2018

### Instructions

Thank you for your interest in voluntarily providing information about your interest in and capabilities for a potential metabolomics intercomparison exercise involving measurements on human urine samples. We are gathering information regarding participant interest and capabilities so that we can make logistical decisions about how to proceed. All expressions of interest are welcome; however, we may not be able to include every laboratory that expresses interest in the exercise because of logistical issues.

At this time, the exercise is still being designed. The primary goal of the exercise is to assess reproducibility of urine metabolomics analyses based on specific protocols for NMR, GC/MS, and LC/MS based measurements. It will be important for participants to adhere to the established protocols as closely as possible to ensure comparability of results. A small number of samples will be analyzed (<10) with participants providing raw data, processed data and calculation results in standardized formats.

The data (raw and processed) and participant calculations will be used to assess the sample suitability for use as a reference material, and the measurements will be used to develop consensus data concerning the characteristics of the samples. All results will be reported anonymously, but participating laboratories will be identified as exercise participants. We anticipate that the samples will be suitable for wide-spread usage in urine-based metabolomics studies, and the samples will eventually be available for use by laboratories.

Please let us know if you would be interested in future interlaboratory comparisons with other types of metabolomics samples.

If you have questions, you can e-mail us at (<mailto:qmet@nist.gov>)[qmet@nist.gov](mailto:qmet@nist.gov) (<mailto:qmet@nist.gov>).

(§ Designates required fields)

Your Information

Last Name

Last Name \$

First Name

First Name \$

Title/Position

Title/Position \$

e-mail

e-mail \$

## Institution Information

Name of Institution

Name of Institution \$

Website

Website \$

Address 1

Address 1 \$

Address 2

Address 2

City

City \$

State/Province

\$

Postal Code

\$

Country

\$

Phone

Phone \$

Type of Institution

\$

## Instrument Information

Instrumentation available for the exercise (Check all that apply) \$

- LC Mass Spectrometry
- GC Mass Spectrometry
- NMR
- Other

LC/MS (If you have multiple LC/MS instruments that you would use, resubmit this form for each one.)

**LC Manufacturer****LC Model****MS Manufacturer****MS Model****Aquisition Software (Name & version)****Do you routinely analyze urine samples with LC/MS?** Yes  No**Chromatography Type:** Reverse Phase  Normal Phase

Describe interlaboratory comparisons with other types of metabolomics samples that you may be interested in the future:

Comment:

Submit

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