

**Omics Studies**

**Case Report Form: 1 CRF Module – Sample collection and storage for proteomics, lipidomics and metabolomics.docx**

**CRF module: Sample collection and storage for proteomics, lipidomics and metabolomics**

Date that this CRF was filled out:

Name of person filling out CRF:

Project name/Identifier:

Animal ID:

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<u>CDE Name</u>	<u>Data Collected</u>
<b>Subject</b>	
Species used	<input type="checkbox"/> Rat <input type="checkbox"/> Mouse <input type="checkbox"/> Other
If other, please specify	
Specify strain used	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Body weight (g)	
Date / Time of sample collection MM/DD/YYYY; hh:mm:ss	
Sample collected during fasting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If collected during fasting, specify fasting time (hours)	
Sample collected during estrous cycle	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If collected during estrous cycle, specify day	<input type="checkbox"/> Proestrus <input type="checkbox"/> Estrus <input type="checkbox"/> Metestrus <input type="checkbox"/> Diestrus
<b>Anesthesia</b>	
Anesthesia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If anesthesia was administered, specify type	<input type="checkbox"/> Isoflurane <input type="checkbox"/> Sevoflurane <input type="checkbox"/> Ketamine/Xylazine

	<input type="checkbox"/> Pentobarbitone <input type="checkbox"/> Unknown <input type="checkbox"/> Other
If other, please specify	
Route of administration	<input type="checkbox"/> Intramuscular <input type="checkbox"/> Intraperitoneal <input type="checkbox"/> Intravenous <input type="checkbox"/> Inhalational <input type="checkbox"/> Unknown <input type="checkbox"/> Other
If other, please specify	
Isoflurane concentration induction %	
Isoflurane concentration maintenance %	
Sevoflurane concentration induction %	
Sevoflurane concentration maintenance %	
Ketamine dose mg/kg	
Xylazine dose mg/kg	
Pentobarbitone dose mg/kg	
Other anesthesia dose mg/kg	
Starting time of anesthesia in hours and minutes	
Total anesthesia duration in minutes	
Animal sacrifice (select all applicable)	<input type="checkbox"/> Decapitation <input type="checkbox"/> Overdose of anesthetic <input type="checkbox"/> Unknown <input type="checkbox"/> Not sacrificed
<b>Blood collection</b>	
Collection modality	<input type="checkbox"/> Trunk <input type="checkbox"/> Cardiac puncture <input type="checkbox"/> Lateral saphenous vein puncture <input type="checkbox"/> Tail vein puncture <input type="checkbox"/> Cannula collection <input type="checkbox"/> Orbital plexus <input type="checkbox"/> Retromandibular plexus <input type="checkbox"/> Unknown <input type="checkbox"/> Other
If other, please specify	
If cannula collection, specify blood vessel	
Blood volume collected in ml	
Blood collection container company	
Blood collection container type	
Volume of tube ml	

Anticoagulant used	<input type="checkbox"/> K <sub>2</sub> EDTA <sup>1</sup> <input type="checkbox"/> Heparin <input type="checkbox"/> Citrate <input type="checkbox"/> Unknown <input type="checkbox"/> Other
If other, please specify	
If EDTA <sup>1,2</sup> , concentration in mM	
If Heparin <sup>2</sup> , concentration in U/ml	
If Citrate <sup>2</sup> , Concentration mM	
<b>Plasma separation</b>	
Number of centrifugation steps	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Unknown <input type="checkbox"/> Other
If other, please specify	
Centrifugation speed step 1 in g	
Centrifugation time step 1 in minutes	
Centrifugation temperature step 1 in °C	
Centrifugation speed step 2 in g	
Centrifugation time step 2 in minutes	
Centrifugation temperature step 2 in °C	
Samples kept on ice before centrifugation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Serum separation</b>	
Clotting time in minutes	
Clotting temperature in °C	
Centrifugation speed in g	
Centrifugation time in minutes	
Centrifugation temperature in °C	
<b>Cerebrospinal fluid collection</b>	
Cerebrospinal fluid collection container company	
Cerebrospinal fluid collection container type	
Volume of tube in ml	
Volume collected in µl	
<b>Faeces collection</b>	
Faeces collection container company	

<sup>1</sup> EDTA, K<sub>2</sub> Ethylenediaminetetraacetic acid, is recommended for RNA analysis.

<sup>2</sup> Indicate final concentration in blood (recommended K<sub>2</sub>EDTA about 5 mM)

Faeces collection container type	
Volume of tube in ml	
Weight collected in mg	
<b>Tissue collection</b>	
Collected tissue	<input type="checkbox"/> Brain tissue <input type="checkbox"/> Single cells <input type="checkbox"/> Selected cells <input type="checkbox"/> Unknown <input type="checkbox"/> Other
If brain tissue, specify collected tissue	
If brain tissue, specify collected weight	
If single cells, specify collected cell type(s)	
If selected cells, specify collected cell type(s)	
If other, please specify	
<b>Sample storage</b>	
Storage temperature	<input type="checkbox"/> -20°C <input type="checkbox"/> -70°C <input type="checkbox"/> -80°C <input type="checkbox"/> Liquid nitrogen <input type="checkbox"/> Unknown <input type="checkbox"/> Other
If other, please specify	
Volume per aliquot in µl	
Delay between collection and storage in minutes	
Storage time in days	
Number of freeze/thaw cycles	

**Parameters**

Date and time of sample collection (MM/DD/YYYY; hh:mm:ss)						
Time point after initial insult (days)						

**Instructions:** Please check boxes where applicable. If none of the predetermined options is appropriate use the default space to specify your answer.

This form is to be filled in for one individual animal.