

**Omics Studies**

**Case Report Form: 4 CRF - Data management**

**CRF module: Data management**

Date that this CRF was filled out:

Name of person filling out CRF:

Project name/identifier:

<b>Storage details</b>	
Storage types	<input type="checkbox"/> Local <input type="checkbox"/> External hard-drive <input type="checkbox"/> Institute cluster <input type="checkbox"/> External cluster <input type="checkbox"/> Cloud-based <input type="checkbox"/> Unknown <input type="checkbox"/> Other
If other, please specify	
Specify storage locations	1. _____ 2. _____ 3. _____
Security	<input type="checkbox"/> username and password <input type="checkbox"/> encryption
Contact for access	Name: _____ Telephone: _____ Email: _____
<b>Data availability</b>	
Data availability	<input type="checkbox"/> No <input type="checkbox"/> On request <input type="checkbox"/> Publicly available
If on request, please provide contact details	
If publicly available please specify data storage site	
If publicly available please specify accession number	
Data provided according to FAIR principles	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
<b>Data details</b>	

Ethics agreement allows for third-party research	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Organism	<input type="checkbox"/> Mouse <input type="checkbox"/> Rat <input type="checkbox"/> Unknown <input type="checkbox"/> Other
If other, please specify	
Total number of files	
Total file size	
Raw data	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
File type	<input type="checkbox"/> .fastq; <input type="checkbox"/> .dat; <input type="checkbox"/> .bam; <input type="checkbox"/> .sam; <input type="checkbox"/> .txt; <input type="checkbox"/> Unknown <input type="checkbox"/> Other
If other, please specify	
Specialised software needed to view data	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Attached sheet linking files to samples and phenotype	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

**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.