City of Hope - Virtual Biospecimen Management System Intake Questionnaire

Laboratory Name		Address		
Department		Address 2		
Specialty		Lab Phone		
Key Contact person		Phone		email

General Questions

1. Laboratory schedule	
2. Monthly Accessioned sample volume	
a. Total:	
b. Breakdown:	
3. Number of storage structures:	
a. Freezers:	
b. Cabinets:	
c. ( ):	
d. ( ):	
4. What Kind of Clinical Data Requests do you receive for your samples?	
5. What parameters do you currently use to define your selection of requested samples?	
6. Sample requests:	
a. How often do you receive sample requests?	
b. What volume of samples?	
7. What are your billing needs if any?	

Access: How many people in your lab(s) would you envision needing direct access to the Labvantage system? *(Consider even people who would just be doing data lookups) Please list them on the spreadsheet below:*

City of Hope

	Name	Title	email	Contact number	Permission role
1					
2					
3					
4					
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12					
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21					

Scope

8. What is the focus of the studies in your lab? • *(ie. Core, Analytic, Research)*	
9. What is the desired scope of your interest in onboarding with the Labvantage system? What LabVantage functionalities are you interested in?	
☐ Biobanking	
☐ Reagent management	
☐ Subject/Participant management	
☐ Aliases	
☐ Attributes	
☐ PHI/NonPHI	
☐ Sample management	
☐ Volume Tracking	
☐ Freeze Thaw Tracking	
☐ Further attributes/annotations	
☐ Instrumentation interfacing	
☐ Workflow management	
☐ Reporting	
☐ Invoicing	
☐ Array management	
☐ Test result management	
☐ Ordering	
☐ Other	
10. What is the # of studies in your lab(s) currently collecting samples?	
11. Does the scope of your studies require you to be audited for FISMA or FDA CRF Part 11?	☐ Yes ☐ No

12. Do you share data with other labs or studies?	☐ Yes ☐ No
13. Do you share samples with other labs or studies?	☐ Yes ☐ No
14. What is the approximate # of samples, including aliquots, in your lab(s)?	
15. Are there other systems you envision using alongside/interfacing with LabVantage? RedCAP, etc?	
16. What is your desired timeline or time constraints to complete this project? What resources are you able to put forward to meet this timeline?	
17. Do you have any regulatory or customer requirements driving a timeline towards automation in your lab or studies?	☐ Yes ☐ No
• If so, what is a realistic date that you need something in place?	

State of Current Data

18. How is your lab data currently managed? (check all that apply)
☐ Software/System
☐ Database
☐ Spreadsheets/Excel
☐ Paper
☐ Other

19. If you checked anything besides paper in the previous question can you name what 'system(s)'?	
20. What is the state of your legacy data and is migrating that data to LabVantage a goal of this project?	
21. Do you currently use barcoding technology in the lab?	☐ Yes ☐ No
• If yes, is it for…	
☐ Barcode samples	

☐ Barcode Locations	
☐ Barcode Boxes/Storage	
☐ Other (fill in)	
• If yes, do you have any information on the barcode source and/or format?	
22. How detailed is the sample location information in your current system?	
• *(ie. Freezer-level, shelf-level, box-level, X,Y coordinate in box-level)*	☐ Yes ☐ No
23. How many storage locations do you want to manage in LabVantage?	
24. Do you have the ability to dedicate one storage unit at any discrete level (box, rack, shelf, freezer) to LabVantage storage? We recommend not mixing samples in different systems, as LabVantage cannot accurately manage samples/storage locations that are not in the LabVantage system.	☐ Yes ☐ No

Target Workflow

25. What is the source of your specimens? Are they linked to specific participants?	
26. Do you collect protected health information (PHI)? Do you wish to record PHI in LabVantage?	☐ Yes ☐ No
27. How specific are your study collection plans in regards to number and type of samples collected? Do you generally get a specific number of samples with each collection, or are collections more ad-hoc/less organized?	
28. Do you have specific visit intervals/visit names?	☐ Yes ☐ No
29. Do you want to keep a record of samples which were expected as part of a standard collection plan but not received for whatever reason (short draw, damage, etc), or only record samples that are actually received?	

30. Do you have an internal schema for generating sample identifiers that you would like to preserve?	

Follow Up Questions to Consider *(depending on how the initial scoping questions were answered)*

1. How do you handle Chain of Custody Forms?	
2. What type of regular reports do you generate?	
3. Do you do any billing/invoicing out of your lab(s)?	
4. Do people outside of your lab need access to your data?	
5. Free text fields for comments from the lab?	
6. Do you have resources available that can perform data reviews and data cleanup of existing study / sample data?	
7. Biobanking	
a. # samples	
b. Samples types	
c. Sample locations	
d. Current state of inventory	
e. Barcoded? If so, what format?	
f. Samples loaned to other labs?	
g. Samples sent offsite?	
h. What container types	
i. Storage environment	
8. ELN/LES	
j. Current use?	
k. Desired need?	
9. Assay management	
l. Current use?	

m. Desired need?	
10. Reagent/Consumable/Kit management	
n. Current use?	
o. Desired need?	
11. Workflow management	
p. Lab operations	
q. Experiments	
12. Electronic/Paper forms	
r. How used, if any?	
s. Electronic/wet signatures required	
13. Billing/invoicing	
t. Internal clients	
u. External clients	
v. Current systems interfaced	

Signature

Date