

Biosamples/tissue/data requested in a table: In a table, briefly outline the number, type, and amount of biospecimens/tissue requested, including subject type (e.g. ALS, control, any specific clinical parameters), visit number (if applicable), volume of sample required, and the cohort or biorepository through which the biosamples are currently available. In addition, the applicant should determine if the samples required are available through the repository prior to submitting an application.

Line #	Name of Cohort Sample and Data Set	Disease Category	Number of Subjects	Number of Samples	Longitudinal samples, visit types and number of samples per visit	Biosample Type	Volume or concentration (in # of aliquots, e.g. 2x 200 µL, see Table A)	Any other criteria to be considered e.g. quality control data	Sample availability (See Table B)
Example 1	ACCESS-ALS	Case	50	100	Visit 1 -50 samples Visit 2 - 50 samples	Plasma	2 x 500 µL	Hb < 200 ng/mL	yes; 100 samples at as of 4/1/2025
Example 2	ACCESS-ALS	Control	50	100	Visit 1 -50 samples Visit 2 - 50 samples	Plasma	2 x 500 µL	Hb < 200 ng/mL	yes; 100 samples at as of 4/1/2025
Example 3	PREDICT-ALS	Asymptomatic	50	50	Visit 1 -50 samples	Plasma	1 x 500 µL per time point	Hb < 200 ng/mL,	Yes; availability confirmed with BioSEND on 4/1/2025

A. Standard aliquots

Study	Disorder	DNA	RNA	Plasma	Serum	CSF	Whole Blood	PBMC
ACCESS-ALS	ALS	1 µg	N/A	500 µl	500 µl	500 µl	500 µl	N/A
PREVENT-ALS	ALS	1 µg	N/A	500 µl	500 µl	500 µl	500 µl	2-3 x 10 ⁶ cells
ESFTLD	FTD	1 µg	1 µg	200 µl	N/A	200 µl	200 µl	N/A

B. Staff to contact regarding sample availability

Cohort	Contact Name	Email
ALL ALS (ACCESS-ALS, PREVENT-ALS)	BioSEND	biosend@iu.edu
ESFTLD	BioSEND	biosend@iu.edu