**MAPPING OF CENTRES INVOLVED IN TRANSLATIONAL**

**RESEARCH**

**General information**

**1 Please provide the following information:**

*Name of institution:* Please write your answer here

*Name of reference person :* Please write your answer here

Contact details :

*Phone:* Please write your answer here

*e-mail :* Please write your answer here

*Website :* Please write your answer here

**2 Please provide the following information:**

*The centre’s annual budget:* Please write your answer here

*The centre’s private funding (in % of total budget):* Please write your answer here

*The centre’s public funding (in % of total budget):* Please write your answer here

**3 If your research facility holds accreditation status, please provide the name of the**

**certification and the accrediting body:**

*Name of the certification:*  Please write your answer here

*Accrediting body:* Please write your answer here

**Clinical Trial Facility**

**4 Is there a dedicated separate facility for clinical research?**

[x]  Yes [ ]  No

**5 Please provide a description of your clinical trials facility:**

*Number of Nurses dedicated to nutritional research:* Please write your answer here

*Number of Dieticians dedicated:* Please write your answer here

*Number of Clinical Research Associate’s dedicated:* Please write your answer here

*Number of Medical Doctor’s dedicated:* Please write your answer here

*Number of Psychologists dedicated:* Please write your answer here

*Number of Physical Educators dedicated:* Please write your answer here

*Number of beds:* Please write your answer here

*Size of centre (square meters):* Please write your answer here

**6 Is there a metabolic ward available?**

[ ]  Yes [ ]  No

**7 How are healthy volunteers referred to your facility?**

Please describe here the recruitement system for a study and tell us if you developped a patient database to contact them easily

**8 How are patients referred to your facility?**

Please write your answer here (same as question 7 but for patients)

**9 Does your facility comply with Good Clinical Practice?**

[ ]  Yes [ ]  No

**10 If yes, please describe how:**

Please write your answer here

**Questionnaire**

**11 Describe the system used for data collection:**

Please write your answer here. Please desribe if you use the same database for each study or if it is depends on the study and what type of supports you used:e-crf, CRF, excel sheets, acces database etc...

**12 Select the types of questionnaires used:**

Please choose **all** that apply:

[ ]  Dietary questionnaires

[ ]  Questionnaires related to physical activity

[ ]  Questionnaires related to psychological status

[ ]  Questionnaires related to quality of life

[ ]  Other: Please write your answer here

**13 Select the types of tools used:**

Database:

[ ]  Yes [ ]  No

If yes, which software?

Please write your answer here

**Clinical Investigation Methods**

**14 Please indicate if your centre uses the following clinical investigation methods**

**for examining body composition:**

Please choose **all** that apply:

[ ]  Skinfolds

[ ]  Impedancemetry

[ ]  Dexa

[ ]  CT

[ ]  Ultrasound

[ ]  MRI

[ ]  Stable isotope tracers (e.g. D20, Br)

[ ]  Fibroscan liver investigation

[ ]  Other: Please write your answer here

**15 Please indicate if your centre uses the following clinical investigation methods**

**for examining energy expenditure:**

Please choose **all** that apply:

[ ]  Indirect calorimetry

[ ]  Double labelled water

[ ]  Number of Calorimetric chambers

[ ]  Other: Please write your answer here

**16 Please indicate if your centre uses the following clinical investigation method:**

**tracer studies**

Please choose **all** that apply:

[ ] For substrate turnover

[ ] For nutrient biodisponiblity

Other: Please write your answer here

**17 Please indicate if your centre uses the following clinical investigation method:**

Test meal:

[ ]  Yes [ ]  No

Is there a dedicated kitchen or cooking facility?

[ ]  Yes [ ]  No

**18 Please indicate if your centre uses the following clinical investigation method:**

**clamp studies**

[ ]  Yes [ ]  No

**19 Please indicate which of the following tissue biopsies your centre uses as clinical**

**investigation method:**

Please choose **all** that apply:

[ ]  Muscle tissue

[ ]  Adipose tissue

[ ]  Liver tissue

[ ]  Gut tissue

[ ]  Lung tissue

[ ]  Other: Please write your answer here

**20 [07]Please indicate if your centre uses the following clinical investigation method:**

**Faecal analysis**

[ ]  Yes [ ]  No

**21 Are there any other clinical investigation methods your centre uses? Please indicate**

Please write your answer here

**Assessment Tools**

**22 Please indicate and comment if your centre has specific tools for nutritional and**

**functional assessment:**

Please choose **all** that apply and provide a comment:

[ ]  Cardiovascular exploration

Please write your comment here

[ ]  Muscle function assessment

 Please write your comment here

[ ]  Cognitive function assessment

 Please write your comment here

[ ]  Exercise capacity

Please write your comment here

[ ]  Metabolic and ventilator response to exercise

Please write your comment here

[ ]  Physical activity monitoring

Please write your comment here

[ ]  Other

 Please write your comment and answer here

**Study Subjects**

**23 Please indicate the type of subjects involved in your studies:**

Please choose **all** that apply and provide a comment (condition, type of disease etc….):

[ ] Healthy participants

Please write your comment here

[ ] Ageing participants

Please write your comment here

[ ] Paediatric:

Please write your comment here

[ ] Diabetic:

Please write your comment here

[ ] Obese:

Please write your comment here

[ ] Cardiovascular disease:

Please write your comment here

[ ] Chronic respiratory disease:

Please write your comment here

[ ] Malnutrition:

Please write your comment here

[ ] Orthopaedic:

Please write your comment here

[ ] Mental disease:

Please write your comment here

[ ] Metabolic syndrome:

Please write your comment here

[ ] Gastrointestinal disease:

Please write your comment here

[ ] Cancer, please specify type:

Please write your comment here

[ ] Other:

Please write your comment here

**Research Tools**

**24 Please indicate which of the following research tools your centre uses:**

Please choose **all** that apply:

[ ]  Biochemistry

[ ] Immunology

[ ] Histology

[ ] Mass spectrometry

[ ] Cell culture

[ ] Animal models

[ ] Genetics

[ ] Genomics

[ ] Proteomics

[ ] Metagenomics

[ ] Metabolomics

[ ] Other: Please write your answer here

**Partners and Papers**

**25 Who are the centre’s partners in basic research and what are their areas of research?**

Please write your answer here

**26 Please list the centre’s most significant research papers (5 maximum):**

Please write your answer here

Thank you for your valuable information!