ISoOR-AB Pre-Assessment Questionnaire

Supporting Evaluation Against the ISoOR-ISOB Standard

Section 1. Institution Information

Institution Name

Institution Type

☐ University

☐ Hospital

☐ Research Institute

☐ Biotechnology Company

☐ Other

Country and City

Website

Year Established

Legal Registration Number

Primary Contact Person

Name

Position

Email

Telephone

Section 2. Scope of Organoid Biobank Activities

Main activities

☐ Organoid derivation

☐ Culture and expansion

☐ Cryopreservation

☐ Long-term storage

☐ Distribution

☐ Disease modeling

☐ Drug screening

☐ Personalized medicine

☐ Other

Brief description of activities

(1–2 paragraphs)

Major collaborators

(Universities, hospitals, companies, consortia)

Main funding sources

☑ Government

☑ Institutional

☑ Industry

☑ Grants

☑ Other

Section 3. Organoid Workflow Summary

Sources of biological material

☐ Surgical tissue

☐ Biopsy

☐ iPSC-derived

☐ Other

Ethics approval available?

☐ Yes

☐ No

Informed consent procedures implemented?

☐ Yes

☐ No

Quality control procedures established?

☐ Yes

☐ No

Cryopreservation and storage procedures established?

☐ Yes

☐ No

Sample traceability system available?

☐ Yes

☐ No

Data management system available?

☐ Yes

☐ No

Distribution procedures available?

☐ Yes

☐ No

Section 4. Facilities and Personnel

Dedicated organoid laboratory available?

☐ Yes

☐ No

Environmental monitoring procedures implemented?

☐ Yes

☐ No

Equipment calibration and maintenance program available?

☐ Yes

☐ No

Biosafety procedures implemented?

☐ Yes

☐ No

Personnel training program established?

☐ Yes

☐ No

Quality management system implemented?

☐ Yes

☐ No

Section 5. Available Supporting Documentation

Indicate whether the following documents are available:

Document	Yes	No
Quality Manual	☐	☐
SOPs	☐	☐
Ethics approvals	☐	☐
Consent forms	☐	☐
Training records	☐	☐
Equipment maintenance records	☐	☐
Internal audits	☐	☐
Risk management procedures	☐	☐
Data management procedures	☐	☐

Declaration

I certify that the information provided is accurate and understand that ISoOR-AB may request additional documentation during the accreditation process.

Institution

Representative

Position

Signature

Date