

Resource Summary Report

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Biologic Specimen and Data Repository Information Coordinating Center (BioLINCC)

RRID:SCR_013142

Type: Tool

Proper Citation

Biologic Specimen and Data Repository Information Coordinating Center (BioLINCC)
(RRID:SCR_013142)

Resource Information

URL: <https://biolincc.nhlbi.nih.gov/home/>

Proper Citation: Biologic Specimen and Data Repository Information Coordinating Center (BioLINCC) (RRID:SCR_013142)

Description: Repository that serves to coordinate searches across data and biospecimen collections from participants in numerous clinical trials and epidemiologic studies and to provide an electronic means for requests for additional information and the submission of requests for collections. The collections, comprising data from more than 80 trials or studies and millions of biospecimens, are available to qualified investigators under specific terms and conditions consistent with the informed consents provided by the individual study participants. Some datasets are presented with studies and supporting materials to facilitate their use in reuse and teaching. Datasets support basic research, clinical studies, observational studies, and demonstrations. Researchers wishing to apply to submit biospecimen collections to the NHLBI Biorepository for sharing with qualified investigators may also use this website to initiate that process.

Abbreviations: BioLINCC

Synonyms: NHLBI Biorepository

Resource Type: data or information resource, database

Keywords: cardiovascular, pulmonary, hematology, clinical, clinical trial, blood, lung, heart, biological specimen, health, disease, medicine, epidemiology, epidemiologic study, FASEB list

Funding: NHLBI

Availability: Public, The community can contribute to this resource

Resource Name: Biologic Specimen and Data Repository Information Coordinating Center (BioLINCC)

Resource ID: SCR_013142

Alternate IDs: r3d100010834, nlx_151758

Alternate URLs: <https://biolincc.nhlbi.nih.gov/>, <https://biolincc.nhlbi.nih.gov/>

Record Creation Time: 20220129T080314+0000

Record Last Update: 20260729T044313+0000

Ratings and Alerts

No rating or validation information has been found for Biologic Specimen and Data Repository Information Coordinating Center (BioLINCC).

No alerts have been found for Biologic Specimen and Data Repository Information Coordinating Center (BioLINCC).

Data and Source Information

Source: [SciCrunch Registry](#)

Usage and Citation Metrics

We found 250 mentions in open access literature.

Listed below are recent publications. The full list is available at [PRECISE-TBI](#) .

Fan C, et al. (2026) Insulin Resistance and Blood Pressure Control on Cognitive Outcomes. Hypertension (Dallas, Tex. : 1979), 83(1), 199.

Cheng RK, et al. (2025) Association of Kidney Function With Incident Heart Failure: An Analysis of the Women's Health Initiative. Journal of the American Heart Association, 14(5), e037051.

Ramezankhani A, et al. (2025) Association between the systemic immune-inflammation index and metabolic syndrome and its components: results from the multi-ethnic study of atherosclerosis (MESA). Cardiovascular diabetology, 24(1), 78.

Law CA, et al. (2025) Traumatic brain injury and anger proneness: results from the Atherosclerosis Risk in Communities (ARIC) study. Frontiers in psychology, 16, 1546443.

Egan B, et al. (2025) Does mean systolic blood pressure less than 130 mm Hg ensure high rates of control to 140/90 mm Hg? A cross-sectional analysis of two cohorts. BMJ open, 15(4), e090440.

Zhang X, et al. (2025) Changes in frailty, intensive blood pressure treatment, and risks of adverse clinical outcomes: a post hoc analysis of the SPRINT trial. *BMC medicine*, 23(1), 536.

Liu X, et al. (2025) Assessing cardiovascular benefits of intensive blood pressure lowering in high-risk undiagnosed HFpEF patients. *ESC heart failure*, 12(6), 4277.

Chen WH, et al. (2025) Systolic Blood Pressure Time in Target Range and Acute Kidney Injury in Patients With Hypertension. *Hypertension (Dallas, Tex. : 1979)*, 82(12), 2218.

Pundi K, et al. (2025) Association of blood pressure control with atrial and ventricular ectopy in SPRINT. *Open heart*, 12(2).

Li Y, et al. (2025) Chronic kidney disease is associated with increased risk of sudden cardiac death. *Nature communications*, 16(1), 9180.

Spartano NL, et al. (2025) Defining Continuous Glucose Monitor Time in Range in a Large, Community-Based Cohort Without Diabetes. *The Journal of clinical endocrinology and metabolism*, 110(4), 1128.

Singh A, et al. (2025) Incidence, Predictors, and Outcomes of Complete Angina Relief in Symptomatic Patients in the ISCHEMIA Trial. *Journal of the American Heart Association*, 14(12), e040057.

Huque MH, et al. (2025) Development of a midlife-specific CogDrisk algorithm (CogDrisk-ML) to enable validated implementation of dementia risk assessment from midlife to late life. *Age and ageing*, 54(7).

Boyer CB, et al. (2025) Estimating and Evaluating Counterfactual Prediction Models. *Statistics in medicine*, 44(23-24), e70287.

Gimblet CJ, et al. (2025) Inflammation and oxidative stress are associated with major adverse cardiovascular events in adults with preclinical hypertension. *Scientific reports*, 15(1), 41587.

Peter-Marske KM, et al. (2025) The associations of premorbid social isolation and social support with self-rated health and heart failure outcomes in the atherosclerosis risk in communities (ARIC) Study. *PloS one*, 20(11), e0337517.

Ye J, et al. (2025) Implementation outcomes from the Hypertension Treatment in Nigeria program: results from a type 2 hybrid interrupted time series trial. *Implementation science : IS*, 21(1), 1.

Leng Y, et al. (2025) Endothelial TRIM35-Regulated MMP10 Release Exacerbates Calcification of Vascular Grafts. *Advanced science (Weinheim, Baden-Wurttemberg, Germany)*, 12(11), e2409641.

Li Y, et al. (2025) The mC2HEST Score for Incident Atrial Fibrillation: MESA (Multi-Ethnic Study of Atherosclerosis). *JACC. Advances*, 4(2), 101521.

Jiang L, et al. (2025) Time-varying intensity of ventilatory inefficiency and mortality in patients with acute respiratory distress syndrome. *Annals of intensive care*, 15(1), 6.