

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: 20260912T200209+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 304 mentions in open access literature.

Listed below are recent publications. The full list is available at [SPARC SAWG](#) .

Kim DY, et al. (2026) Sequential Event Rate Monitoring. Statistics in medicine, 45(1-2), e70359.

DeConne TM, et al. (2026) Relationships Between Circulating Lipids, Lipoproteins, and Lymphocyte Subsets in the Multi-Ethnic Study of Atherosclerosis. Global heart, 21(1), 8.

Li C, et al. (2026) Proteomic risk score for early prediction of kidney disease progression in individuals with APOL1 high-risk genotypes. Nature medicine, 32(5), 1701.

Lü W, et al. (2026) Insomnia and Incident Cardiovascular Disease in US Hispanic/Latino Adults: Results From HCHS/SOL. Journal of the American Heart Association, 15(5), e045593.

Sekeres MA, et al. (2026) Exposure to Agent Orange and association with myelodysplastic syndromes. Blood advances, 10(9), 3054.

Wang Z, et al. (2026) Cardiovascular-kidney-metabolic syndrome stage modifies the efficacy of intensive blood pressure control on cognitive outcomes: A post hoc analysis of SPRINT MIND. Alzheimer's & dementia : the journal of the Alzheimer's Association, 22(7),

e71623.

Zhou L, et al. (2026) Impact of frailty on outcomes in atrial fibrillation and HFpEF: data from the TOPCAT trial. *BMC cardiovascular disorders*, 26(1), 155.

Liang Z, et al. (2026) Clinical models for predicting 30-day mortality in ARDS: A focus on ventilatory ratio-defined subgroups. *Journal of intensive medicine*, 6(2), 185.

Alipanah-Lechner N, et al. (2026) Longitudinal multiomic signatures of ARDS and sepsis inflammatory phenotypes identify pathways associated with mortality. *The Journal of clinical investigation*, 136(3).

Zhu A, et al. (2026) ¹H NMR-Based Quantitative Lipoprotein Measurement Cross-Validation with Enzymatic Methods Applied to the OMNI-Heart Dietary Intervention Study. *Journal of proteome research*, 25(2), 978.

Lee Y, et al. (2026) Proteomic Profiling of Pulmonary Function and Cardiovascular Disease Risk in the Atherosclerosis Risk in Communities Study. *Journal of the American Heart Association*, 15(5), e043281.

Chase AM, et al. (2026) Predicting mortality with machine learning & biomarkers: A cohort analysis from aerosolized β_2 -agonist for treatment of acute lung injury (ALTA) trial. *Physiological reports*, 14(6), e70807.

Zhao M, et al. (2026) Impact of diagnosis to ablation time on clinical outcomes in patients with atrial fibrillation: post hoc analysis of the CABANA trial. *BMC medicine*, 24(1), 81.

Li A, et al. (2026) Plasma Proteome Signature for Leukocyte Telomere Length and Its Link to Abdominal Aortic Aneurysm. *Journal of cellular and molecular medicine*, 30(3), e71047.

DeZern AE, et al. (2026) A novel approach to defining progression in MDS and precursor myeloid conditions in the MDS Natural History Study. *Blood advances*, 10(8), 2743.

Freedman AA, et al. (2026) Sex Differences in Age of Onset of Premature Cardiovascular Disease and Subtypes: The Coronary Artery Risk Development in Young Adults Study. *Journal of the American Heart Association*, 15(3), e044922.

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

Chen Y, et al. (2026) Neural Network Assisted Estimation for the Structural Nested Accelerated Failure Time Models. *Statistics in medicine*, 45(8-9), e70467.

Chlebek C, et al. (2026) Baseline serum metabolites predict fractures in individuals who were Black and had type 2 diabetes. *Frontiers in endocrinology*, 17, 1777636.

Wang L, et al. (2026) Effects of ablation versus drug therapy on clinical outcomes and quality of life by frailty status in atrial fibrillation: a post hoc analysis of the CABANA trial. *BMC medicine*, 24(1).