

## D4.1 – Data Map and Integration

WP number and title	WP4 – Design, Development and delivery
Deliverable number	D4.1
Version Number	1.0
Document Reference	D4.1
Lead Beneficiary	TEL
Deliverable type	DEM
Planned deliverable date	30/09/2024
Date of Issue	
Dissemination level	PU
Authors	TEL, SOL, HUA
Contributor(s)	Chrysostomos Symvoulidis (TEL), Matthias Schloegl (SOL), Christos Sardianos (HUA), Athanasios Kalogeropoulos (TEL)
Keywords	Laboratory Information Management System, Rapid Response Mobile Laboratory, Communication, Machine Learning



Participant N°	Participant organisation name	Short Name	Type	Country
1	Amsterdam University Medical Centre	AMC	Clinical	Netherlands
2	IANUS Consulting Ltd	IANUS	SME	Cyprus
3	Telesto	TEL	SME	Greece
4	Saitama Medical Centre Hospital	SMCH	Clinical	Japan
5	Harokopio University	HUA	University	Greece
6	Innsbruck University	UIBK	University	Austria
7	Jurrisk	JUR	SME	Belgium
8	IMSPEX	IMSPEX	SME	United Kingdom
9	University of Cyprus	UCY	University	Cyprus
10	University of Pécs	UP	University	Hungary
11	RoboScientific	ROBO	SME	United Kingdom
12	Solgenium OG	SOL	SME	Austria
13	Ghent University	UGent	University	Belgium
14	Panou	PANOU	SME	Greece
15	Institute of International Sociology	ISIG	Research	Italy
16	Johanniter Österreich Ausbildung und Forschung gemeinnützige GmbH	JOAFG	First Responders	Austria
17	Bavarian Red Cross	BRK	First Responders	Germany
18	Bioxhale Ltd	BIOX	SME	United Kingdom
19	Municipality of Hasselt	HASS	Local Authority	Belgium
20	Hungarian Red Cross	HRC	First Responders	Hungary
21	Region of Western Greece	RWG	Local Authority	Greece
22	Gesellschaft für analytische Sensoren mbH	GAS	SME	Germany

### Legal Disclaimer

This document reflects only the views of the author(s). The European Commission is not in any way responsible for any use that may be made of the information it contains. The information in this document is provided “as is”, and no guarantee or warranty is given that the information is fit for any particular purpose. The above-mentioned consortium members shall have no liability for damages of any kind including without limitation direct, special, indirect, or consequential damages that may result from the use of these materials subject to any liability which is mandatory due to applicable law. © 2025 by ONELAB Consortium.

### Disclosure Statement

The information contained in this document is the property of ONELAB Consortium and it shall not be reproduced, disclosed, modified or communicated to any third parties without the prior written consent of the abovementioned entities.

## Version History

Version No.	Date	Editor	Description of action
V0.1	05/06/2024	Chrysostomos Symvoulidis (TEL)	Provided draft Table of Contents
V0.2	17/10/2024	Chrysostomos Symvoulidis (TEL), Matthias Schloegl (SOL), Christos Sardanios (HUA)	Provided input on Sections 1, 2, and 3
V0.3	30/10/2024	Chrysostomos Symvoulidis (TEL), Athanasios Kalogeropoulos (TEL)	Input on Patient Registration Mobile Application section and Synchronization service, Updates on Mobile Application section
V0.4	08/01/2025	Matthias Schloegl (SOL), Christos Sardanios (HUA)	Updates on use cases section, Include Frontend description, Include API description, Updates on AI Models and Data Analysis services section
V0.5	12/02/2025	Matthias Schloegl (SOL)	Included information about data preprocessing and first draft on results of FTX "Hard Winter"
V0.6	12/02/2025	Matthias Schloegl (SOL)	Completed information on FTX "Hard Winter"
V0.7	13/02/2025	Chrysostomos Symvoulidis (TEL)	Finalisation of document
V0.8	14/02/2025	Chrysostomos Symvoulidis (TEL)	Submitted for review
V0.9	26/02/2025	Gino Claes (External Reviewer), Julie Turner (External Reviewer), Kathleen Vanheeuverswyn (JUR)	Review received
V1.0	27/02/2025	Chrysostomos Symvoulidis (TEL), Matthias Schloegl (SOL), Christos Sardanios (HUA)	Addressed review comments and finalised deliverable



# Table of Contents

Version History.....	2
Table of Figures.....	4
Table of Tables.....	5
Abbreviations.....	6
Executive Summary.....	7
1. Introduction.....	8
2. Purpose of document.....	8
3. Use Cases and Requirements Analysis.....	9
3.1. Use Cases and Requirements Gathering Methodology.....	9
3.2. Use Cases.....	10
3.3. User Requirements.....	10
4. The ONELAB LIMS Solution.....	19
4.1. ONELAB LIMS Solution overview.....	19
4.2. Overall architecture.....	20
4.3. Components analysis.....	22
4.3.1. Laboratory Information Management System (LIMS).....	22
4.3.2. AI Models and Data Analysis services.....	45
4.3.3. Synchronization service.....	55
4.3.4. Patient Registration Mobile Application (PRMA).....	56
5. FTX Exercise and Outcomes.....	64
6. Conclusions.....	70
7. References.....	71



## Table of Figures

Figure 1: ONELAB LIMS Solution overview..... 20

Figure 2: ONELAB LIMS High-level architecture ..... 21

Figure 3: LIMS Sidebar: Provides a comprehensive list of the available functionalities and services. 31

Figure 4: LIMS Home Page..... 32

Figure 5: Quality-Checked Data upload page..... 32

Figure 6: Upload of Measurement Data page..... 33

Figure 7: Example of application of individual denoising on GC-IMS data. .... 47

Figure 8: Example of retention time and intensity variation alignment between GC-IMS data. .... 47

Figure 9: Example of reference alignment of GC-IMS measurements from different measurement sites based on KetonMix Calibration data to reference device based in Amsterdam. .... 48

Figure 10: Example of routinely provided quality control data: GC-IMS spectra together with sampling flow from nitrogen generator. .... 49

Figure 11: Home Page. .... 59

Figure 12: Sidebar..... 60

Figure 13: Patient registration page..... 60

Figure 14: Link patient to UUID by scanning their wristband..... 61

Figure 15: Triage questionnaire. .... 62

Figure 16: Contact information insertion page. .... 62

Figure 17: Link Sample to Patient..... 63

Figure 18: Preregistration sheets for patient actor in FTX. .... 66

Figure 19: Depiction of signal peaks present for patients who received a dose of eucalyptol before entering RRML area (column CINEOL). .... 66

Figure 20: Dashboard for technical personnel within ICT container to monitor patient flow. .... 67

Figure 21: Statistical Evaluation of time durations for patients and samples during the FTX: (Reg->Tri) Time in minutes for patients from registration to complete triage questions (Tri->Samp) time in minutes for patients from triage desk to location of sample taking, (Reg->Samp.) total time of patient after registration to sample location (including sample taking). (Samp->Class) Time used to process sample in measurement container. .... 68

Figure 22: GIS mapping of fake patient actor locations after presentation in the RRML (green: not-infected, red: infected, blue: not classified). .... 69

Figure 23: Heatmap based on GIS data for fake infected patients after ..... 69



## Table of Tables

Table 1: Study Phase Data Collection. ....	10
Table 2: Pandemic monitoring and intervention.....	10
Table 3: Synchronization.....	10
Table 4: Implemented Models evaluation. ....	52
Table 5: Core components of the ICT connected within the private W-LAN. ....	64
Table 6: Stations and the related ICT components using in each one. ....	64

## Abbreviations

Abbreviation	Description
AI	Artificial Intelligence
API	Application Programming Interface
C-LIMS	Centralized Laboratory Information Management System
CNN	Convolutional Neural Network
CV	Cross Validation
DL	Deep Learning
EU	European Union
FTX	Field Technical Exercise
GC	Gas Chromatography
GC-IMS	Gas Chromatography - Ion Mobility Spectrometry
GCP	Google Cloud Platform
GIS	Geographic Information System
HDF5	Hierarchical Data Format version 5
ICT	Information and Communication Technology
IMS	Ion Mobility Spectrometry
LC-MS	Liquid chromatography–mass spectrometry
L-LIMS	Local Laboratory Information Management System
LIMS	Laboratory Information Management System
ML	Machine Learning
PCA	Principal Component Analysis
PLS-DA	Partial Least Squares-Discriminant Analysis
PRMA	Patient Registration Mobile Application
RRML	Rapid Response Mobile Laboratory
SVC	Support Vector Classifier
SVM	Support Vector Machines
TRL	Technology Readiness Level
VOC	Volatile Organic Compounds
W-LAN	Wireless Local Area Network

## Executive Summary

This document presents a comprehensive analysis of the ONELAB LIMS solution, providing detailed use cases, user requirements, system architecture, and outcomes from a practical exercise. The structure of the document covers key elements critical to understanding and implementing the ONELAB LIMS solution.

The report starts with a thorough **Use Cases and Requirements Analysis** (Section 3), identifying the specific needs of various users within the lab environment. The identified use cases and user requirements form the basis for designing and implementing the ONELAB LIMS solution.

In **Section 4**, the document delves into the core of the **ONELAB LIMS Solution**, starting with an explanation of what it is and how it addresses the requirements identified earlier. It outlines the overall system architecture and provides an in-depth analysis of its key components and software applications. These include (i) the **LIMS** itself, which serves as the central tool for managing all Rapid Response Laboratory (RRML) workflows, (ii) the **AI Models and Data Analysis services** that bring advanced computational power to data processing, (iii) the **Synchronization service** to ensure data and AI models consistency, and finally (iv) the **Patient Registration Mobile Application**, used for the registration of the patients of the RRML.

Finally, **Section 5** discusses the outcomes of the **FTX Exercise**, a practical scenario in which the ONELAB LIMS solution was deployed, while **Section 6** concludes the document.





# 1. Introduction

LIMSs play a crucial role during the operations of any modern laboratory, providing streamlined solutions for data management, workflow automation, and enhanced decision-making through advanced analytics. In the context of RRMLs, such systems are even more critical, as they must support high efficiency, accuracy, and mobility in environments where timely and precise data management can significantly impact outcomes.

This document presents an in-depth analysis of the **ONELAB LIMS solution**, a robust system designed to address the specific needs of RRMLs. The ONELAB LIMS integrates core functionalities, such as patient and sample management, AI-powered data analysis, and synchronization services, making it a powerful tool for improving laboratory efficiency. Additionally, the Patient Registration Mobile Application is designed to facilitate seamless patient registration and data capture, further enhancing the operational capabilities of the ONELAB RRML.

Through a comprehensive examination of use cases, user requirements, system architecture, and the ONELAB Field Trial Exercise (FTX), this document provides critical insights into how the ONELAB LIMS can be effectively deployed. This document also highlights the system's ability to streamline processes, ensure data consistency, and leverage AI models to support rapid and accurate decision-making in mobile lab environments.

## 2. Purpose of document

The purpose of this document is to provide a detailed analysis and overview of the ONELAB LIMS solution. It aims to explain how the solution addresses the specific needs of laboratory environments by outlining relevant use cases, user requirements, and the system's overall architecture. Additionally, this document explores the core components of ONELAB LIMS, including the LIMS per se, the AI models and data analysis services, the synchronization service, and the Patient Registration Mobile Application, to showcase its full capabilities.



### 3. Use Cases and Requirements Analysis

The developed tools and services described in this deliverable are required to enable the following use cases:

- (1) Structured and controlled data collection for a multi-centre clinical study collecting breath samples with various measurement devices and corresponding meta data in accordance with technical requirements defined in D5.1 [D5.1].
- (2) Training of classification models for distinction of viral infections vs. no infection based on the collected clinical data including biomarker detection to support the requirements in FTX “Pre-Emptive” (D5.3 [D5.3]).
- (3) Manage pandemic monitoring and intervention by integrating the LIMS in the ICT system of individual RRMLs as defined in D4.4 [D4.4] in accordance with technical requirements defined in D5.1. In more detail this involves:
  - (a) managing the patient and sample collection workflow,
  - (b) integrating trained classification models for viral detection from breath VOCs,
  - (c) visualization of GIS information
- (4) Enable data and classification model synchronization between an arbitrary number of deployed RRMLs and a centralized LIMS.

#### 3.1. Use Cases and Requirements Gathering Methodology

The following methodology was employed for gathering user requirements to support the data collection during the study phase as well as the field technical exercises. The process of gathering user requirements and defining use cases followed a structured and iterative approach. Initially, end users were consulted to provide their requirements, which were then reviewed and refined by technical partners. The enhanced list was shared back with the users for further feedback to ensure alignment with their needs. Throughout this process, continuous interactions were maintained through calls, interactive sessions and live demonstrations to collect additional insights. To facilitate hands-on evaluation, a test service was provided, allowing users to test the applications and services and submit their feedback.

The requirements were also aligned with specifications provided through D6.1 [D6.1]. Additionally, technical partners were engaged through scheduled biweekly meetings to monitor the progress of development and address any emerging challenges. For the use cases, inputs were gathered from WP5 partners and pilot project descriptions. These inputs were analyzed and refined to ensure that the use cases accurately reflected real-world scenarios while addressing both technical and operational requirements. In 06/2024 a end-user workshop was held at JOAFG to collect final feedback and give the possibility for amendments before the FTX in 11/2024. By following this methodology, the process ensured a comprehensive approach to requirements gathering and use case development, integrating user needs with technical feasibility while maintaining an ongoing feedback loop.

### 3.2. Use Cases

**Table 1: Study Phase Data Collection.**

<b>ID</b>	UC1_1
<b>Unique Name / Title</b>	Study Phase Data Collection
<b>Priority</b>	High
<b>Brief Description</b>	Web service for data upload
<b>Rationale</b>	In order to train first classification model candidates' measurement and meta data needs to be acquired from multiple measurement sites in a controlled way allowing for QA/QC interventions and user management.
<b>Validation method</b>	Validation by successful data to AI transfer.

**Table 2: Pandemic monitoring and intervention**

<b>ID</b>	UC1_2
<b>Unique Name / Title</b>	Pandemic monitoring and intervention
<b>Priority</b>	High
<b>Brief Description</b>	Services for patient and sample collection flow at individual RRML
<b>Rationale</b>	Patient information needs to be documented and aligned electronically with collected samples to facilitate automatic test result entries.
<b>Validation method</b>	Validation in D5.2 – FTX “Hard Winter” [D5.2]

**Table 3: Synchronization**

<b>ID</b>	UC1_3
<b>Unique Name / Title</b>	Data and model synchronization / reporting
<b>Priority</b>	High
<b>Brief Description</b>	Services to synchronize between individual RRMLs and centralized service
<b>Rationale</b>	Individual RRML must be able to operate in offline mode. However, data synchronization whenever possible needs to enable reporting for logistics coordinators, public health authorities and patients
<b>Validation method</b>	Validation in D5.2 – FTX “Hard Winter” [D5.2]

### 3.3. User Requirements

Based on the Use Cases described in section 3.1, the User Requirements that had to be implemented were defined. These requirements are related to the applications and the components related to the LIMS and described in detail in the following tables.

The requirements are either Functional or Non-Functional. Functional requirements can be any requirement related to the behavior of the software application in correspondence of specific events (including user interactions). On the other hand, Non-Functional requirements are constraints that must be fulfilled by the implementation of several functional requirements or by the entire application.

Each user requirement has a unique ID, which can state the number of user requirement and the related software application. For instance, R1\_1 is the first requirement related to software component 1 which is the LIMS, while R2\_1 is the first requirement related to software

component 2 which is the Analysis service. All software components will be described in detail in the following Chapter. The list of the software components is the one described below:

1. LIMS (C-LIMS and L-LIMS),
2. Analysis Service,
3. Synchronization Service,
4. Patient Registration Mobile Application

The roles / actors interacting with the system are the following:

1. RRML Personnel: The personnel working on the RRML,
2. Patient: The patient that arrived at the RRML in order to be examined,
3. In case the requirement is not triggered by one of the abovementioned roles the role is described as N / A (i.e., Not Applicable).

It should be noted that the LIMS can be split into two main components: the C-LIMS (Central LIMS) and the L-LIMS (Local LIMS). In most cases, the user requirements described below are needed for both applications, yet in some cases (i.e., the training of the AI models can only happen in the centralized infrastructure where the C-LIMS is deployed).

<b>ID</b>	R1_1
<b>Unique Name / Title</b>	The user logs in the LIMS using their credentials
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Actor</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user logs into the LIMS in order to be able to access the provided features.
<b>Rationale</b>	Security
<b>Validation method</b>	User testing

<b>ID</b>	R1_2
<b>Unique Name / Title</b>	The user uploads GC-MS data
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Actor</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user uploads GC-MS samples which are stored in the LIMS.
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_3
<b>Unique Name / Title</b>	The user uploads GC-IMS data
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Actor</b>	RRML Personnel
<b>Related Use Case</b>	All

<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user uploads GC-IMS samples which are stored in the LIMS.
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_4
<b>Unique Name / Title</b>	The user uploads LC-MS data
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user uploads LC-MS samples which are stored in the LIMS.
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_5
<b>Unique Name / Title</b>	The user uploads e-Nose data
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user uploads e-Nose samples which are stored in the LIMS.
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_6
<b>Unique Name / Title</b>	The user labels a measurement
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	Upon upload of the GC-IMS measurement and CRF, the user can label the corresponding UUID with its infection type (no infection, viral, bacterial, mixed)
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_7
<b>Unique Name / Title</b>	The user downloads a measurement
<b>Type</b>	Functional
<b>Priority</b>	High

<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	Download all measurements per type, per infection type or download measurements and correlated CRF / Blood sample analysis files.
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_8
<b>Unique Name / Title</b>	The user views statistical information of the stored samples
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user has the ability to view the number of collected samples, the number of collected samples per infection type, the number of collected samples per data type, and labels of each collected sample
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_9
<b>Unique Name / Title</b>	The user views visualized information of a GC-MS sample
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user has the ability to select and view in a graphical way, information about the GC-MS sample.
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_10
<b>Unique Name / Title</b>	The user views visualized information of a GC-IMS sample
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user has the ability to select and view in a graphical way information about the GC-IMS sample.
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_11
<b>Unique Name / Title</b>	The user views visualized information of a LC-MS sample
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user has the ability to select and view in a graphical way, information about the LC-MS sample.
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_12
<b>Unique Name / Title</b>	The user views visualized information of a e-Nose sample
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user has the ability to select and view in a graphical way, information about the e-Nose sample.
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_13
<b>Unique Name / Title</b>	The user views the outcomes / predictions of the Classification model
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The classification model is deployed and can be utilized by the user within the LIMS by selecting a measurement for inference.
<b>Rationale</b>	AI Analysis
<b>Validation method</b>	User testing

<b>ID</b>	R1_14
<b>Unique Name / Title</b>	The user views the outcomes / predictions of the Biomarkers Identification model
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All

<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The Biomarkers Identification model is deployed and can be utilized by the user within the LIMS by selecting a measurement for inference.
<b>Rationale</b>	AI Analysis
<b>Validation method</b>	User testing

<b>ID</b>	R1_15
<b>Unique Name / Title</b>	Logging of user actions
<b>Type</b>	Non-Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	N / A
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	All user actions must be logged by a logging tracker
<b>Rationale</b>	Security
<b>Validation method</b>	User testing

<b>ID</b>	R1_16
<b>Unique Name / Title</b>	Logging of data actions
<b>Type</b>	Non-Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	N / A
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	All actions performed on the data (Create – Read – Update – Delete) must be logged by a logging tracker
<b>Rationale</b>	Security
<b>Validation method</b>	User testing

<b>ID</b>	R2_1
<b>Unique Name / Title</b>	Training of Infection type classification model with the collected GC-IMS samples
<b>Type</b>	Non-Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	N / A
<b>Related Use Case</b>	All
<b>Related Component</b>	Analysis service, C-LIMS
<b>Brief Description</b>	The classification model is trained using the available GC-IMS samples. The process includes Data preprocessing and cleaning, Training of ML / DL model, Evaluation of trained model, Re-training using new collected data
<b>Rationale</b>	Measurements Analysis
<b>Validation method</b>	User testing

<b>ID</b>	R2_2
-----------	------



<b>Unique Name / Title</b>	Training of Biomarkers Identification model
<b>Type</b>	Non-Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	N / A
<b>Related Use Case</b>	All
<b>Related Component</b>	Analysis service, C-LIMS
<b>Brief Description</b>	The biomarkers classification model is trained for the evaluation of clinical relevance of the identified biomarkers, and validated in diverse patient populations
<b>Rationale</b>	Measurements Analysis
<b>Validation method</b>	User testing

<b>ID</b>	R3_1
<b>Unique Name / Title</b>	Synchronization data stored in the L-LIMS with the C-LIMS
<b>Type</b>	Non-Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	N / A
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, C-LIMS, Synchronization Service
<b>Brief Description</b>	The data (i.e., measurements, samples, etc.) that is initially stored in the L-LIMS are backed up in the centralized infrastructure. The synchronization procedure is performed iteratively every 1 hour.
<b>Rationale</b>	AI Analysis and Storage
<b>Validation method</b>	Data integrity and logging monitoring

<b>ID</b>	R3_2
<b>Unique Name / Title</b>	AI Models synchronization between the C-LIMS and the L-LIMS
<b>Type</b>	Non-Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	N / A
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, C-LIMS, Synchronization Service
<b>Brief Description</b>	The trained models trained with the data found in C-LIMS are transferred to the L-LIMS for local inference. The synchronization procedure is performed iteratively every 1 hour.
<b>Rationale</b>	AI Analysis and Storage
<b>Validation method</b>	Models' integrity and logging monitoring

<b>ID</b>	R4_1
<b>Unique Name / Title</b>	Patient registration including preregistration
<b>Type</b>	Functional
<b>Priority</b>	High

<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel, Patient
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	The patient is registered by the RRML personnel using the mobile application. Information from preregistered patients can be retrieved.
<b>Rationale</b>	Registration of patient in order to proceed to the RRML for measurement sampling.
<b>Validation method</b>	User testing

<b>ID</b>	R4_2
<b>Unique Name / Title</b>	Automated assessment based on patient's responses to Triage Questionnaire
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	The RRML Personnel fills in the Triage questionnaire and the patient's priority is calculated according to their answers.
<b>Rationale</b>	Registration of patient in order to proceed to the RRML for measurement sampling.
<b>Validation method</b>	User testing

<b>ID</b>	R4_3
<b>Unique Name / Title</b>	The user inserts the patient's contact person information
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	The patient's emergency contact person information is collected.
<b>Rationale</b>	Patient tracking
<b>Validation method</b>	User testing

<b>ID</b>	R4_4
<b>Unique Name / Title</b>	The user inserts the patient's information
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	The patient's personal information is collected.
<b>Rationale</b>	Patient tracking
<b>Validation method</b>	User testing

<b>ID</b>	R4_5
<b>Unique Name / Title</b>	The user links a measurement sample with patient
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	The sample is linked to the patients UUID.
<b>Rationale</b>	Measurement tracking
<b>Validation method</b>	User testing

<b>ID</b>	R4_6
<b>Unique Name / Title</b>	The user views classification results for a given sample
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	By scanning the patient’s QR code, the RRML personnel can view the classification results on whether they are infected or not
<b>Rationale</b>	Measurement tracking
<b>Validation method</b>	User testing

<b>ID</b>	R4_7
<b>Unique Name / Title</b>	The user views a specific patient’s contact information
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Recommended
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	By scanning the patient’s QR code, the RRML personnel can view the patient’s contact information.
<b>Rationale</b>	Measurement tracking
<b>Validation method</b>	User testing

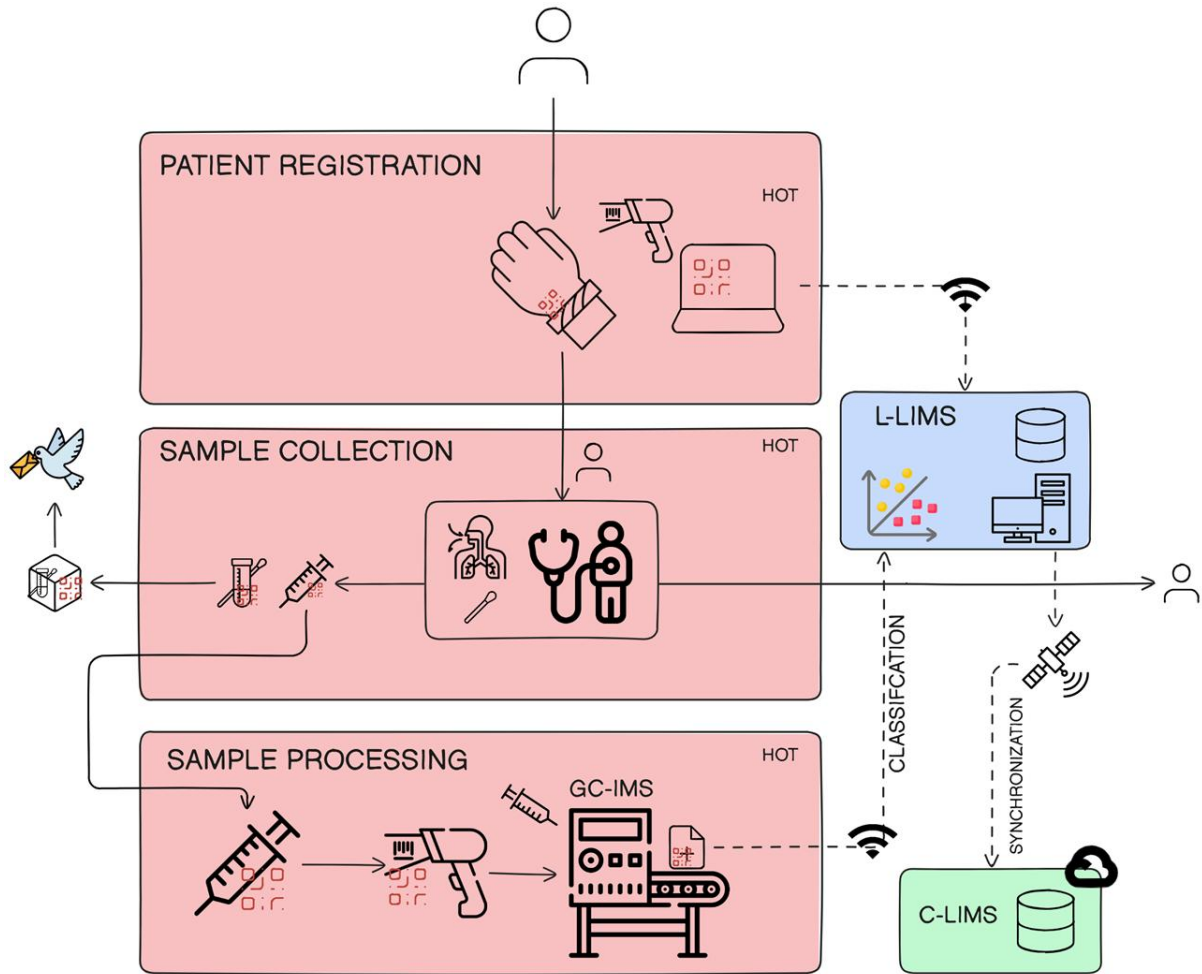


## 4. The ONELAB LIMS Solution

### 4.1. ONELAB LIMS Solution overview

The ONELAB LIMS platform is used to streamline all procedures in the ONELAB RRML (a high-level view of the ONELAB LIMS solution can be seen in Figure 1), from data collection, data quality assurance, patient registration, to AI training using the collected data, and the utilization of these models for inference. The core procedures are related to the following concepts:

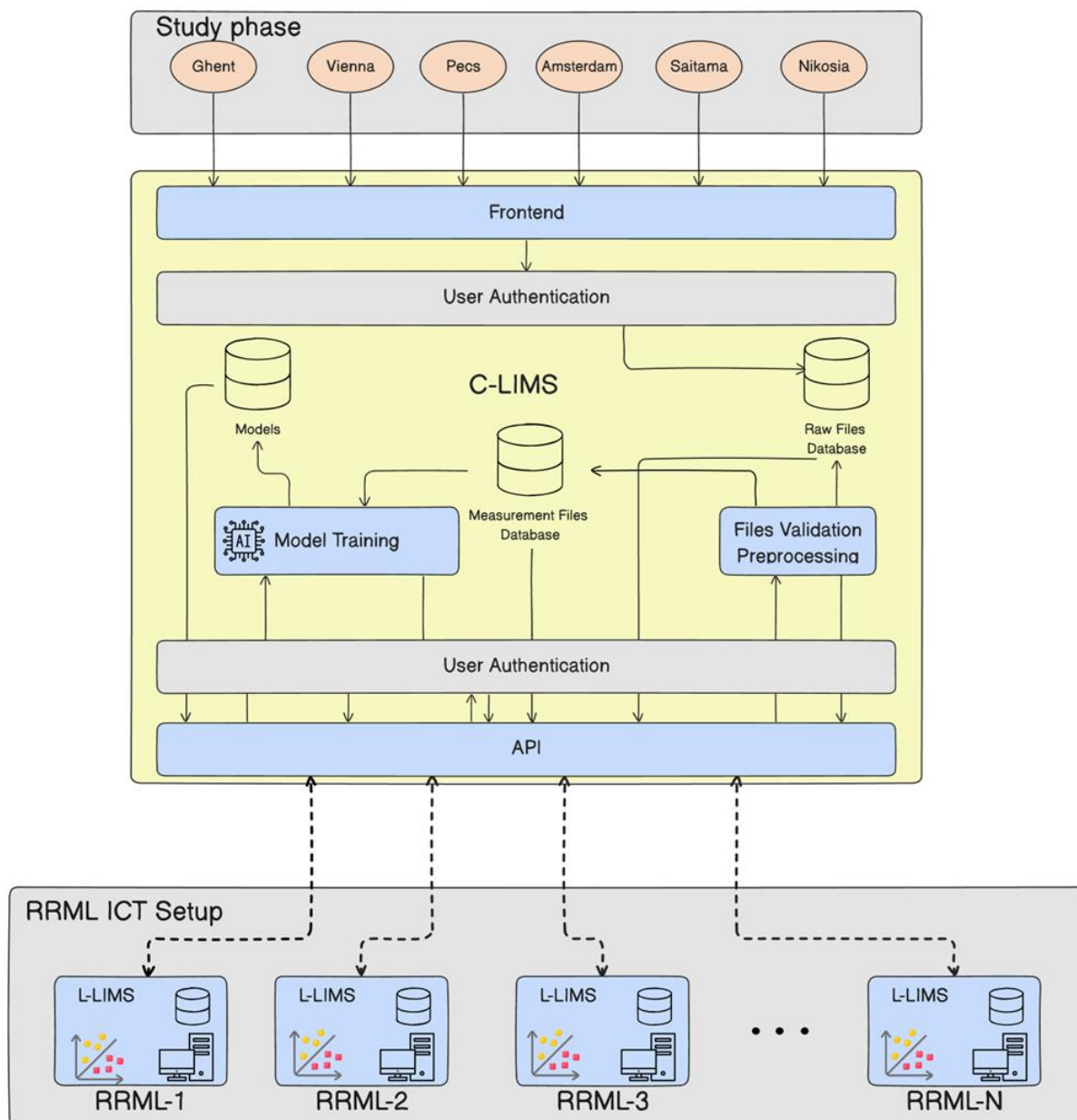
- **Data Collection:** The ONELAB LIMS platform allows its users to upload anonymized analytical data (i.e., patient measurements, clinical data, etc.) seamlessly. This data can be then utilized for further analysis within the platform, while it can also be used for training AI models.
- **Data Quality Assurance:** Upon the upload of any data type to the ONELAB LIMS, specific quality checks are performed in order to ensure that the data is interoperable, structured correctly and of high quality.
- **Provision of data for AI training:** The ONELAB LIMS platform, as already described above, allows the utilization of the data collected for AI training. This is performed via dedicated functionalities that allow its users to access this data for training purposes.
- **Utilization of AI models for inference:** Through the ONELAB LIMS, its users will be also able to utilize the AI models that will be trained with the collected data for inference.
- **Patient Registration:** Via a dedicated component of the ONELAB LIMS (i.e., the Patient Registration Mobile Application) the RRML personnel can register incoming patients and link them with the obtained measurements.



**Figure 1: ONELAB LIMS Solution overview**

#### 4.2. Overall architecture

The above-mentioned functionalities are available to the users of the ONELAB LIMS platform. This is actually a suite of services that can be split into two main components: (i) the centralized component (C-LIMS) which can be used mainly for data collection from various institutions and organizations, as well as for training of AI models using the collected data and the decentralized component or local deployment (L-LIMS) which will be deployed within a RRML, (ii) the Patient Registration Mobile Application used for the patients’ registration and additional functionalities such as linking the patients to their samples, or answering the Triage Questionnaire, (iii) the Synchronization service used for the synchronization between any deployed L-LIMS and the C-LIMS, and finally (iv) the AI Models and Data Analysis services, which handles all functionalities related to the training of the AI models and provision of those models for inference. In the following sections, these components will be described in detail.



**Figure 2: ONELAB LIMS High-level architecture**

As also seen in Figure 2, there are study sites (e.g., hospitals) involved in collecting and uploading data to the platform. Each study site interacts with the C-LIMS via its **Frontend** layer, which serves as the user interface for uploading, monitoring, and accessing the system. Once the data is validated and stored, it is used for Model Training, where ML / DL models are trained on the available data.

The models are then stored and can be made available for inference in the L-LIMS deployments of any connected RRML (as shown at the bottom of Figure 2). Within each RRML, an L-LIMS is deployed which is used to manage local datasets (i.e., data collected by incoming patients) while it can also handle inference tasks using the trained ML / DL models.

All procedures are performed by authenticated users.

### 4.3. Components analysis

#### 4.3.1. Laboratory Information Management System (LIMS)

##### 4.3.1.1. Overview

The C-LIMS is a containerized Python-based application deployed on a virtual machine in Google Cloud Platform (GCP) with servers located in the EU. User authentication is managed through Nginx, and the codebase is hosted in a on-premises-owned GitLab [GitLab] repository. The version of the application can be deployed on both cloud-based and local infrastructures. The L-LIMS on the other hand is a local deployment of the LIMS. In more detail, it is deployed within the RRML and can operate independently from the C-LIMS, so that the RRML can operate without any issues even if deployed in areas where internet connection is absent. Yet the two systems are in sync when internet connection is available. More on this will be presented in Section 4.3.3 – ‘Synchronization service’.

The system provides controlled access for laboratory personnel and quality control managers via a frontend built with Streamlit [Streamlit]. Data uploaded to the system is stored in raw format and, after data checks, converted to standardized database formats (SQLite [SQLite] and HDF5).

The LIMS also hosts trained classification models for viral infection detection using GC-IMS VOC data from the study phase. Additionally, it features an API with endpoints for:

- Communication with the Patient Registration Mobile Application (PRMA) in the RRML setting.
- Synchronization between the central service and individual RRML patient preregistration.
- GIS mapping for enhanced data visualization and integration.

The LIMS is considered Technology Readiness Level (TRL) 6, since it is a prototype that has been demonstrated in relevant environment (in this case the relevant environment is the FTX), in which the LIMS’ ability to perform reliably in real-world conditions was reflected. The LIMS was successfully deployed, integrated and used into the pilot-scale environment where its functionality was proved, interoperability with existing workflows was successfully performed, and its capacity to handle real data under expected conditions was validated. Throughout the pilot deployment during the FTX, the LIMS demonstrated consistent performance, efficiently managing data acquisition, processing, and storage while ensuring data integrity and traceability. User feedback also confirmed its usability, while stress testing under operational conditions revealed no critical failures.

##### 4.3.1.2. Related User Requirements

The user requirements that are related to the LIMS are listed below:

<b>ID</b>	R1_1
<b>Unique Name / Title</b>	The user logs in the LIMS using their credentials
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory

<b>Actor</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user logs into the LIMS in order to be able to access the provided features.
<b>Rationale</b>	Security
<b>Validation method</b>	User testing

<b>ID</b>	R1_2
<b>Unique Name / Title</b>	The user uploads GC-MS data
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Actor</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user uploads GC-MS samples which are stored in the LIMS.
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_3
<b>Unique Name / Title</b>	The user uploads GC-IMS data
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Actor</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user uploads GC-IMS samples which are stored in the LIMS.
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_4
<b>Unique Name / Title</b>	The user uploads LC-MS data
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user uploads LC-MS samples which are stored in the LIMS.
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_5
<b>Unique Name / Title</b>	The user uploads e-Nose data
<b>Type</b>	Functional



<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user uploads e-Nose samples which are stored in the LIMS.
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_6
<b>Unique Name / Title</b>	The user labels a measurement
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	Upon uploading the GC-IMS measurement and CRF, the user can label the corresponding UUID with its infection type (no infection, viral, bacterial, mixed)
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_7
<b>Unique Name / Title</b>	The user downloads a measurement
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	Download all measurements per type, per infection type or download measurements and correlated CRF / Blood sample analysis files.
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_8
<b>Unique Name / Title</b>	The user views statistical information of the stored samples
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user has the ability to view the number of collected samples, the number of collected samples per infection type, the number of collected samples per data type, and labels of each collected sample

<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_9
<b>Unique Name / Title</b>	The user views visualized information of a GC-MS sample
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user has the ability to select and view in a graphical way, information about the GC-MS sample.
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_10
<b>Unique Name / Title</b>	The user views visualized information of a GC-IMS sample
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user has the ability to select and view in a graphical way information about the GC-IMS sample.
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_11
<b>Unique Name / Title</b>	The user views visualized information of an LC-MS sample
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user has the ability to select and view in a graphical way, information about the LC-MS sample.
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_12
<b>Unique Name / Title</b>	The user views visualized information of a e-Nose sample
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All

<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The user has the ability to select and view in a graphical way, information about the e-Nose sample.
<b>Rationale</b>	Usability
<b>Validation method</b>	User testing

<b>ID</b>	R1_13
<b>Unique Name / Title</b>	The user views the outcomes / predictions of the Classification model
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The classification model is deployed and can be utilized by the user within the LIMS by selecting a measurement for inference.
<b>Rationale</b>	AI Analysis
<b>Validation method</b>	User testing

<b>ID</b>	R1_14
<b>Unique Name / Title</b>	The user views the outcomes / predictions of the Biomarkers Identification model
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The Biomarkers Identification model is deployed and can be utilized by the user within the LIMS by selecting a measurement for inference.
<b>Rationale</b>	AI Analysis
<b>Validation method</b>	User testing

<b>ID</b>	R1_15
<b>Unique Name / Title</b>	Logging of user actions
<b>Type</b>	Non-Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	N / A
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	All user actions must be logged by a logging tracker
<b>Rationale</b>	Security
<b>Validation method</b>	User testing

<b>ID</b>	R1_16
<b>Unique Name / Title</b>	Logging of data actions

<b>Type</b>	Non-Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	N / A
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	All actions performed on the data (Create – Read – Update – Delete) must be logged by a logging tracker
<b>Rationale</b>	Security
<b>Validation method</b>	User testing

<b>ID</b>	R2_1
<b>Unique Name / Title</b>	Training of Infection type classification model with the collected GC-IMS samples
<b>Type</b>	Non-Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	N / A
<b>Related Use Case</b>	All
<b>Related Component</b>	Analysis service, C-LIMS
<b>Brief Description</b>	The classification model is trained using the available GC-IMS samples. The process includes Data preprocessing and cleaning, Training of ML / DL model, Evaluation of trained model, Re-training using new collected data
<b>Rationale</b>	Measurements Analysis
<b>Validation method</b>	User testing

<b>ID</b>	R2_2
<b>Unique Name / Title</b>	Training of Biomarkers Identification model
<b>Type</b>	Non-Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	N / A
<b>Related Use Case</b>	All
<b>Related Component</b>	Analysis service, C-LIMS
<b>Brief Description</b>	The biomarkers classification model is trained for the evaluation of clinical relevance of the identified biomarkers, and validated in diverse patient populations
<b>Rationale</b>	Measurements Analysis
<b>Validation method</b>	User testing

<b>ID</b>	R3_1
<b>Unique Name / Title</b>	Synchronization data stored in the L-LIMS with the C-LIMS
<b>Type</b>	Non-Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	N / A
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, C-LIMS, Synchronization Service
<b>Brief Description</b>	The data (i.e., measurements, samples, etc.) that is

	initially stored in the L-LIMS are backed up in the centralized infrastructure. The synchronization procedure is performed iteratively every 1 hour.
<b>Rationale</b>	AI Analysis and Storage
<b>Validation method</b>	Data integrity and logging monitoring

<b>ID</b>	R3_2
<b>Unique Name / Title</b>	AI Models synchronization between the C-LIMS and the L-LIMS
<b>Type</b>	Non-Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	N / A
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, C-LIMS, Synchronization Service
<b>Brief Description</b>	The trained models trained with the data found in C-LIMS are transferred to the L-LIMS for local inference. The synchronization procedure is performed iteratively every 1 hour.
<b>Rationale</b>	AI Analysis and Storage
<b>Validation method</b>	Models' integrity and logging monitoring

<b>ID</b>	R4_1
<b>Unique Name / Title</b>	Patient registration including preregistration
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel, Patient
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	The patient is registered by the RRML personnel using the mobile application. Information from preregistered patients can be retrieved.
<b>Rationale</b>	Registration of patient in order to proceed to the RRML for measurement sampling.
<b>Validation method</b>	User testing

<b>ID</b>	R4_2
<b>Unique Name / Title</b>	Automated assessment based on patient's responses to Triage Questionnaire
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	The RRML Personnel fills in the Triage questionnaire and the patient's priority is calculated according to their answers.
<b>Rationale</b>	Registration of patient in order to proceed to the RRML for measurement sampling.

<b>Validation method</b>	User testing
--------------------------	--------------

<b>ID</b>	R4_3
<b>Unique Name / Title</b>	The user inserts the patient's contact person information
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	The patient's emergency contact person information is collected.
<b>Rationale</b>	Patient tracking
<b>Validation method</b>	User testing

<b>ID</b>	R4_4
<b>Unique Name / Title</b>	The user inserts the patient's information
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	The patient's personal information is collected.
<b>Rationale</b>	Patient tracking
<b>Validation method</b>	User testing

<b>ID</b>	R4_5
<b>Unique Name / Title</b>	The user links a measurement sample with patient
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	The sample is linked to the patient's UUID.
<b>Rationale</b>	Measurement tracking
<b>Validation method</b>	User testing

<b>ID</b>	R4_6
<b>Unique Name / Title</b>	The user views classification results for a given sample
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	By scanning the patient's QR code, the RRML personnel can view the classification results on whether they are infected or not

<b>Rationale</b>	Measurement tracking
<b>Validation method</b>	User testing

<b>ID</b>	R4_7
<b>Unique Name / Title</b>	The user views a specific patient's contact information
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Recommended
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	By scanning the patient's QR code, the RRML personnel can view the patient's contact information.
<b>Rationale</b>	Measurement tracking
<b>Validation method</b>	User testing

**4.3.1.3. Interfaces**

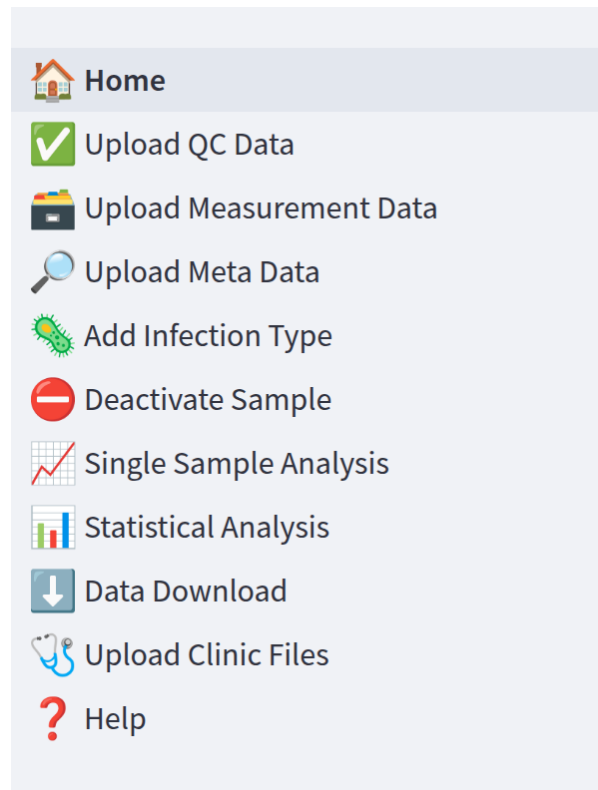
The LIMS can be split into two main services; (i) the frontend service which allows users to interact with the system via a user interface and perform actions such as uploading data to the system, and (ii) a backend API which allows the communication of the LIMS with other systems and services such as the synchronization service, and the communication between a L-LIMS and the C-LIMS, etc.

**Study-Phase Frontend-Service**

Starting with the frontend service, it is a featured cloud hosted web application reachable via the internet<sup>1</sup> provides several sub-pages to support the aforementioned requirements and are detailed below:

---

<sup>1</sup> ONELAB LIMS Platform, Available at: <https://infection-detection-platform.solgenium.com/>



**Figure 3: LIMS Sidebar: Provides a comprehensive list of the available functionalities and services.**

### **1. Home Page**

The Home Page of the LIMS provides the following functionalities:

- generation of 6-digit unique IDs
- download of CRF files (pdf/excel)
- download of SOPs for GC-IMS operation and data upload



## Infection Detection Platform

Hello solgenium!

Please select the type of operation in the sidebar to the left.

### Generate UUID

Generate 6-digit short UUID

Copy your generated UUID:

dCF5FD

Generate 6-digit short UUID list

Number of UUIDs to generate

70

### Download CRF Template

Download template of the clinic report file (CRF).

Download CRF Excel Template

Download CRF PDF Template

### SOP Downloads

Download SOP Data Upload

Download SOP Basic

Download SOP Aldehyde Test

Download SOP Peppermint Test

Download Daily Check List

Figure 4: LIMS Home Page.

## 2. QC Data uploaded

Provides upload functionality of Aldehyde, Ketonmix and Peppermint QC data, as shown in the following figure:

### Upload of QC data

Date time [Y-m-d H:] (UTC) of Aldehyde/Ketonmix/Peppermint QC sample collection: 2025-01-22:10:05

Select measurement site: Amsterdam

Valid date time format.

#### Upload GC-IMS Aldehyde QC Data

Please upload the Aldehyde QC Sample (.ms).

Drag and drop file here  
Limit: 500MB per file + MEA

Browse files

Aldehyde data correct.

Upload Aldehyde GC-IMS QC .msa files

#### Upload GC-IMS Ketonmix QC Data

Please upload the Ketonmix QC 1 Concentration 0.5 (.ms).

Drag and drop file here  
Limit: 500MB per file + MEA

Browse files

Please upload the Ketonmix QC 2 Concentration 1 (.ms).

Drag and drop file here  
Limit: 500MB per file + MEA

Browse files

Please upload the Ketonmix QC 3 Concentration 1.5 (.ms).

Drag and drop file here  
Limit: 500MB per file + MEA

Browse files

Please upload the Ketonmix QC 4 Concentration 2 (.ms).

Drag and drop file here  
Limit: 500MB per file + MEA

Browse files

Please upload the Ketonmix QC 5 Concentration 2.5 (.ms).

#### Upload GC-IMS Peppermint QC Data

Please specify the measurement times after peppermint pill intake in 'min':

Reference Breath Sample  Room Air

0 min  60 min  90 min  165 min

285 min  290 min

Press enter to add more

Please upload the Reference Breath Sample (.ms).

Drag and drop file here  
Limit: 500MB per file + MEA

Browse files

Please upload the Room Air (.ms).

Drag and drop file here  
Limit: 500MB per file + MEA

Browse files

Please upload the 0 min (.ms).

Figure 5: Quality-Checked Data upload page.

## 3. Upload of Measurement Data

Provides upload functionalities for the following data types:

- GC-IMS, CRF,
- GC-MS
- LC-MS
- E-Nose data

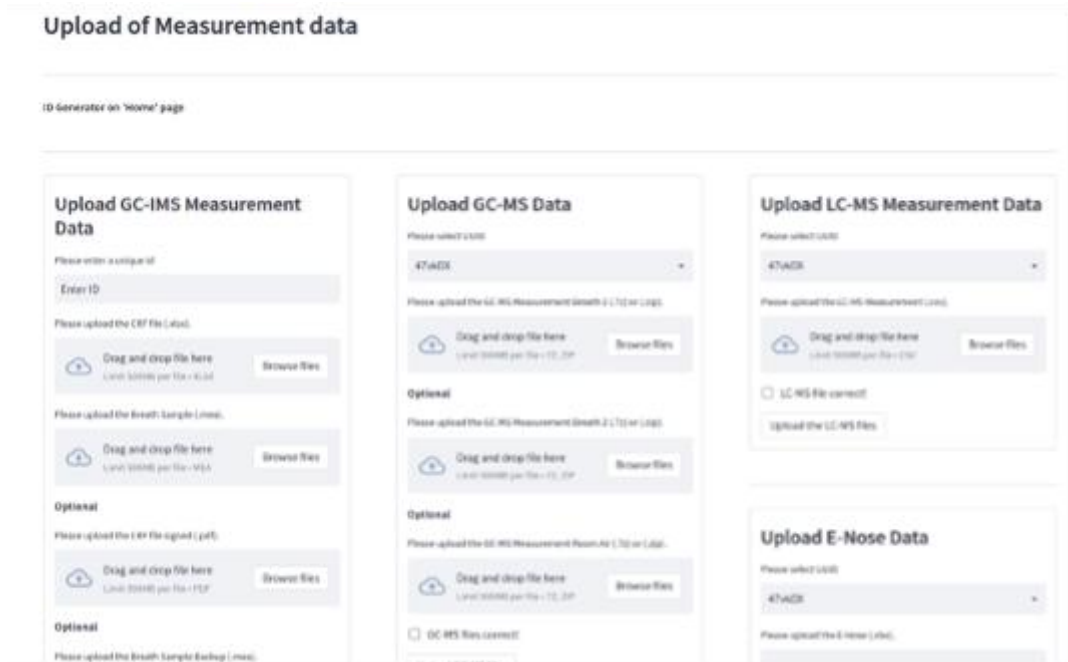


Figure 6: Upload of Measurement Data page.

## 2. Infection-Detection-API

Following a comprehensive list of the endpoints available in the LIMS API are depicted. These endpoints, as already discussed, allow the communication of any LIMS (either the C-LIMS or a L-LIMS) with other key components of the overall ONELAB LIMS solution.

<b>Name</b>	Create RRML Registration
<b>URL</b>	/register_RRML/
<b>HTTP Method</b>	POST
<b>Description</b>	Create database entry for new RRML
<b>Header</b>	None
<b>Arguments</b>	<pre>{   "rrml": "string",   "address": {     "street": "Dr. Karl Renner-Ring",     "number": "3",     "city": "Vienna",     "state_province": "Vienna",     "postal_code": "1017",     "country": "AT"   } }</pre>

<b>Request Body</b>	application/json
<b>Return Value</b>	200, 422
<b>HTTP Return Codes</b>	200: Successful Response 422: Validation Error
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Get Registered RRMLs
<b>URL</b>	/RRML_ids/
<b>HTTP Method</b>	GET
<b>Description</b>	Get registered RRMLs
<b>Header</b>	None
<b>Arguments</b>	None
<b>Request Body</b>	None
<b>Return Value</b>	[ "string" ]
<b>HTTP Return Codes</b>	200: Successful Response
<b>Exceptions</b>	N/A
<b>Precondition</b>	N/A

<b>Name</b>	Read Registration RRML
<b>URL</b>	/RRML_per_uuid/{uuid}
<b>HTTP Method</b>	GET
<b>Description</b>	Get RRML registered for the UUID
<b>Header</b>	None
<b>Arguments</b>	uuid
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Delete RRML
<b>URL</b>	/delete_RRML/{uuid}
<b>HTTP Method</b>	DELETE
<b>Description</b>	Delete RRM registered for the UUID
<b>Header</b>	None
<b>Arguments</b>	uuid
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Get Valid Questions
<b>URL</b>	/valid_triage_questions/
<b>HTTP Method</b>	GET

<b>Description</b>	Retrieve valid triage questions
<b>Header</b>	None
<b>Arguments</b>	None
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response
<b>HTTP Return Codes</b>	200
<b>Exceptions</b>	N/A
<b>Precondition</b>	N/A

<b>Name</b>	Get Triage Ids
<b>URL</b>	/get_triage_ids
<b>HTTP Method</b>	GET
<b>Description</b>	Retrieve valid triage question ids
<b>Header</b>	application/json
<b>Arguments</b>	None
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response
<b>HTTP Return Codes</b>	200
<b>Exceptions</b>	N/A
<b>Precondition</b>	N/A

<b>Name</b>	Get Triage Score
<b>URL</b>	/get_triage_score/{uuid}
<b>HTTP Method</b>	GET
<b>Description</b>	Retrieve triage score for patient with UUID uuid
<b>Header</b>	application/json
<b>Arguments</b>	uuid
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Create Triage Question
<b>URL</b>	/triage_questions/
<b>HTTP Method</b>	POST
<b>Description</b>	Create a new set of triage questions for patient with UUID uuid in RRML rrml
<b>Header</b>	None
<b>Arguments</b>	{ "uuid": "string", "rrml": "string", "questions": [ "string" ] }
<b>Request Body</b>	application/json
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422

<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Create Preregistration
<b>URL</b>	/pre_register_user/
<b>HTTP Method</b>	POST
<b>Description</b>	Create a new preregistration
<b>Header</b>	None
<b>Arguments</b>	<pre>{   "rrml": "string",   "patient": {     "name": {       "first_name": "Max",       "last_name": "Müller"     },     "address": {       "street": "Dr. Karl Renner-Ring",       "number": "3",       "city": "Vienna",       "state_province": "Vienna",       "postal_code": "1017",       "country": "AT"     },     "phonenumber": "+43123456789",     "email": "user@example.com",     "uuid": "string",     "sex": "male",     "birthdate": {       "year": 0,       "month": 0,       "day": 0     },     "document_id": "string"   } }</pre>
<b>Request Body</b>	application/json
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Get Registration Ids
<b>URL</b>	/pre_registration_ids/
<b>HTTP Method</b>	GET
<b>Description</b>	Get all registered UUIDs
<b>Header</b>	None
<b>Arguments</b>	None
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response
<b>HTTP Return Codes</b>	200
<b>Exceptions</b>	N/A

<b>Precondition</b>	N/A
---------------------	-----

<b>Name</b>	Read Preregistration Patient
<b>URL</b>	/pre_registrations_per_uuid/{uuid}
<b>HTTP Method</b>	GET
<b>Description</b>	Get patient registered for the UUID
<b>Header</b>	None
<b>Arguments</b>	uuid
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Create Registration
<b>URL</b>	/register_user/
<b>HTTP Method</b>	POST
<b>Description</b>	Register new patient with UUID uuid in RRML rrml
<b>Header</b>	None
<b>Arguments</b>	<pre>{   "rrml": "string",   "patient": {     "name": {       "first_name": "Max",       "last_name": "Müller"     },     "address": {       "street": "Dr. Karl Renner-Ring",       "number": "3",       "city": "Vienna",       "state_province": "Vienna",       "postal_code": "1017",       "country": "AT"     },     "phonenumber": "+43123456789",     "email": "user@example.com",     "uuid": "string",     "sex": "male",     "birthdate": {       "year": 0,       "month": 0,       "day": 0     },     "document_id": "string"   } }</pre>
<b>Request Body</b>	application/json
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422

<b>Precondition</b>	N/A
---------------------	-----

<b>Name</b>	Get Registration Ids
<b>URL</b>	/registration_ids/
<b>HTTP Method</b>	GET
<b>Description</b>	Get all registered patient UUIDS
<b>Header</b>	None
<b>Arguments</b>	None
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response
<b>HTTP Return Codes</b>	200
<b>Exceptions</b>	N/A
<b>Precondition</b>	N/A

<b>Name</b>	Read Registration Dates
<b>URL</b>	/registration_dates/
<b>HTTP Method</b>	GET
<b>Description</b>	Get all registered UUIDs for certain day in YYYY-MM-DD format
<b>Header</b>	None
<b>Arguments</b>	None
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response
<b>HTTP Return Codes</b>	200
<b>Exceptions</b>	N/A
<b>Precondition</b>	N/A

<b>Name</b>	Read Registration RRML
<b>URL</b>	/registrations_per_RRML/{RRML}
<b>HTTP Method</b>	GET
<b>Description</b>	Get all patients registered for the RRML
<b>Header</b>	None
<b>Arguments</b>	RRML
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Read Registration Patient
<b>URL</b>	/registrations_per_uuid/{uuid}
<b>HTTP Method</b>	GET
<b>Description</b>	Get patient registered for the UUID
<b>Header</b>	None
<b>Arguments</b>	uuid
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422

<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Read Registration Address
<b>URL</b>	/registration_address/{uuid}
<b>HTTP Method</b>	GET
<b>Description</b>	Get patient registered for the UUID
<b>Header</b>	None
<b>Arguments</b>	uuid
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Read Registration Date
<b>URL</b>	/registration_date/{uuid}
<b>HTTP Method</b>	GET
<b>Description</b>	Get registration timestamp for the UUID
<b>Header</b>	None
<b>Arguments</b>	uuid
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Read Registration Timestamp
<b>URL</b>	/registrations_per_date/{input_date}
<b>HTTP Method</b>	GET
<b>Description</b>	Get patient registered for certain day in YYYY-MM-DD format
<b>Header</b>	None
<b>Arguments</b>	input_date
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Read Registration Timestamp RRML
<b>URL</b>	/registrations_per_RRML_date/{RRML}/{input_date}
<b>HTTP Method</b>	GET
<b>Description</b>	Get patient registered for certain day in YYYY-MM-DD format
<b>Header</b>	None
<b>Arguments</b>	RRML



	input_date
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Delete Registration
<b>URL</b>	/delete_registration/{uuid}
<b>HTTP Method</b>	DELETE
<b>Description</b>	Delete a registered patient with UUID uuid
<b>Header</b>	None
<b>Arguments</b>	uuid
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Create Contact
<b>URL</b>	/add_contact_information/
<b>HTTP Method</b>	POST
<b>Description</b>	Create contact person information for patient with UUID uuid
<b>Header</b>	None
<b>Arguments</b>	<pre>{   "rrml": "string",   "contact": {     "name": {       "first_name": "Max",       "last_name": "Müller"     },     "address": {       "street": "Dr. Karl Renner-Ring",       "number": "3",       "city": "Vienna",       "state_province": "Vienna",       "postal_code": "1017",       "country": "AT"     },     "phonenumber": "+43123456789",     "email": "user@example.com",     "contact_date": {       "year": 0,       "month": 0,       "day": 0     },     "contact_uuid": "string"   } }</pre>

<b>Request Body</b>	application/json
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Read Contact IDs
<b>URL</b>	/get_contact_ids/
<b>HTTP Method</b>	GET
<b>Description</b>	Retrieve all registered contact persons uuids for patient with UUID uuid
<b>Header</b>	None
<b>Arguments</b>	uuid
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response
<b>HTTP Return Codes</b>	200
<b>Exceptions</b>	N/A
<b>Precondition</b>	N/A

<b>Name</b>	Read Contact
<b>URL</b>	/get_contact_information/{uuid}
<b>HTTP Method</b>	GET
<b>Description</b>	Retrieve contact details of contact person with UUID uuid
<b>Header</b>	None
<b>Arguments</b>	uuid
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Delete Contact
<b>URL</b>	/delete_contact/{uuid}
<b>HTTP Method</b>	DELETE
<b>Description</b>	Delete contact detail information for contact person with UUID uuid
<b>Header</b>	None
<b>Arguments</b>	uuid
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Register Patient Sample
<b>URL</b>	/register_sample/
<b>HTTP Method</b>	POST

<b>Description</b>	Register sample of sample type and patient in RRML
<b>Header</b>	None
<b>Arguments</b>	{ "rrml": "string", "sample_id": "string", "patient_id": "string", "sample_type": "string" }
<b>Request Body</b>	application/json
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Read Sample Per Patient
<b>URL</b>	/read_sample_per_patient/{patient_id}
<b>HTTP Method</b>	GET
<b>Description</b>	Retrieve all registered samples for patient with UUID patient_id
<b>Header</b>	None
<b>Arguments</b>	patient_id
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Read Sample ID Per Type
<b>URL</b>	/read_sample_id_per_type/{sample_type}
<b>HTTP Method</b>	GET
<b>Description</b>	Retrieve all registered sample Ids of specific sample type
<b>Header</b>	None
<b>Arguments</b>	sample_type
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Get Patient ID Per Sample
<b>URL</b>	/get_patient_id_per_sample/{sample_id}
<b>HTTP Method</b>	GET
<b>Description</b>	Retrieve all registered patient Ids for for sample with sample_id
<b>Header</b>	None
<b>Arguments</b>	sample_id
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response

	422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Read Sample Per Type
<b>URL</b>	/read_patient_per_type/{sample_type}
<b>HTTP Method</b>	GET
<b>Description</b>	Retrieve list of patients Ids for specific sample_type
<b>Header</b>	None
<b>Arguments</b>	sample_type
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Read Sample Date
<b>URL</b>	/gcims_sample_date/{sample_type}/{sample_id}
<b>HTTP Method</b>	GET
<b>Description</b>	Get sample timestamp for the UUID and sample-type
<b>Header</b>	None
<b>Arguments</b>	sample_type sample_id
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Delete Sample
<b>URL</b>	/delete_sample_registration/{sample_id}
<b>HTTP Method</b>	DELETE
<b>Description</b>	Delete registered sample entry with sample_id
<b>Header</b>	None
<b>Arguments</b>	sample_id
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Get GC-IMS Ids
<b>URL</b>	/get_gcims_ids
<b>HTTP Method</b>	GET
<b>Description</b>	Retrieve all registered ID for GC-IMS samples
<b>Header</b>	None

<b>Arguments</b>	None
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response
<b>HTTP Return Codes</b>	200
<b>Exceptions</b>	N/A
<b>Precondition</b>	N/A

<b>Name</b>	Store GC-IMS
<b>URL</b>	/store_gcims/{uuid}
<b>HTTP Method</b>	POST
<b>Description</b>	Store GC-IMS file provided as binary string with UUID uuid
<b>Header</b>	None
<b>Arguments</b>	uuid, gcims_file [string<binary>]
<b>Request Body</b>	multipart/form-data
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Store And Predict
<b>URL</b>	/store_and_predict/{uuid}
<b>HTTP Method</b>	POST
<b>Description</b>	Store GC-IMS file provided as binary string with UUID uuid and invoke classification in backend
<b>Header</b>	None
<b>Arguments</b>	uuid, gcims_file [string<binary>],
<b>Request Body</b>	multipart/form-data
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Delete GC-IMS
<b>URL</b>	/delete_gcims/{uuid}
<b>HTTP Method</b>	DELETE
<b>Description</b>	Delete GC-IMS file with UUID uuid
<b>Header</b>	None
<b>Arguments</b>	uuid
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Predict
<b>URL</b>	/predict/{uuid}
<b>HTTP Method</b>	GET

<b>Description</b>	Retrieve prediction result for patient with UUID uuid
<b>Header</b>	None
<b>Arguments</b>	uuid
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response 422: Validation Error
<b>HTTP Return Codes</b>	200, 422
<b>Exceptions</b>	422
<b>Precondition</b>	N/A

<b>Name</b>	Alive
<b>URL</b>	/alive
<b>HTTP Method</b>	GET
<b>Description</b>	Retrieve alive status of API
<b>Header</b>	None
<b>Arguments</b>	None
<b>Request Body</b>	None
<b>Return Value</b>	200: Successful Response
<b>HTTP Return Codes</b>	200
<b>Exceptions</b>	N/A
<b>Precondition</b>	N/A

### 4.3.2. AI Models and Data Analysis services

#### 4.3.2.1. Overview

Machine learning (ML) is increasingly being used in **healthcare and biomedical research**, particularly in areas requiring large-scale data processing such as biomarker detection, disease classification, and predictive analytics. Traditional methods often struggle with the complexity and volume of modern biomedical datasets, whereas ML algorithms can identify patterns and insights that improve diagnosis and treatment.

Machine learning algorithms can be broadly categorized into **supervised learning** and **unsupervised learning**:

- **Supervised learning** involves labelled data, where the model is trained to map input data to known output labels. Examples include classification and regression models.
- **Unsupervised learning** is used when labels are not available, relying on clustering and dimensionality reduction techniques to find hidden patterns in data.

In ONELAB, we employed **supervised learning models** for **infection classification** based on GC-IMS data, enabling automated decision-making.

Gas Chromatography - Ion Mobility Spectrometry (GC-IMS) is an analytical technique used in chemistry and chemical analysis to separate and identify compounds in a mixture [2, 3, 5]. It combines two powerful techniques: Gas Chromatography (GC) and Ion Mobility Spectrometry (IMS). Each of these methods are described below:

**Gas Chromatography (GC) Data:** GC is used to separate a mixture of compounds into individual components based on their chemical properties, such as volatility and affinity for a stationary phase. The data generated by GC includes:

- **Retention Time:** The time it takes for each compound to travel through the GC column, which is unique to each compound and can be used for identification.
- **Peak Intensity:** The intensity or abundance of each compound's signal as it elutes from the GC column, which is related to its concentration in the sample.

**Ion Mobility Spectrometry (IMS) Data:** IMS is used to further separate and identify compounds based on their size, shape, and charge. The data from IMS includes:

- **Drift Time:** The time it takes for ions generated from the separated compounds to travel through a drift tube under the influence of an electric field. Different ions experience different drift times based on their size and charge, allowing for additional separation.
- **Ion Mobility Spectra:** The resulting spectra, often represented as plots or histograms, showing the distribution of ion drift times. Peaks in the IMS spectra correspond to different ions and can aid in compound identification.

**GC-IMS:** The data from both techniques is typically combined to create two-dimensional plots or chromatograms that provide information about the compounds in the sample. These plots can show the retention time from GC on one axis and the drift time from IMS on the other axis, allowing for the visualization and identification of compounds based on both their chemical properties and size/charge characteristics.

Classification is a fundamental task in machine learning, where models are trained to categorize data points into predefined labels. In the case of ONELAB, models were developed to classify GC-IMS samples as infected or non-infected.

This section describes the AI models and data analysis services developed in the ONELAB project for infection detection using Gas Chromatography-Ion Mobility Spectrometry (GC-IMS) data. Machine learning models were integrated into the Laboratory Information Management System (LIMS) to facilitate automated data analysis and classification. For this reason, we tested a variety of machine learning techniques to assess their performance on GC-IMS data:

- **Logistic Regression:** A linear classification model that predicts probabilities for binary outcomes.
- **Decision Trees:** Rule-based classifiers that split data based on feature thresholds.
- **Random Forest:** An ensemble of decision trees that enhances prediction accuracy.
- **Support Vector Machines (SVM):** A classification model that finds the optimal decision boundary in high-dimensional space.
- **Partial Least Squares-Discriminant Analysis (PLS-DA):** A multivariate technique designed to handle high-dimensional biological datasets.

Preprocessing of raw GC-IMS data was conducted prior to the data upload on the LIMS platform and before data was made available for model training. The preprocessing pipeline included tasks like:

- **Artifact removal and noise reduction** to improve data quality.
- **Drift time alignment** to standardize retention times across samples and measurement sites
- **Feature extraction** methods to convert high-dimensional GC-IMS data into structured tabular formats.
- **Normalization and standardization** to prepare the data for machine learning models.

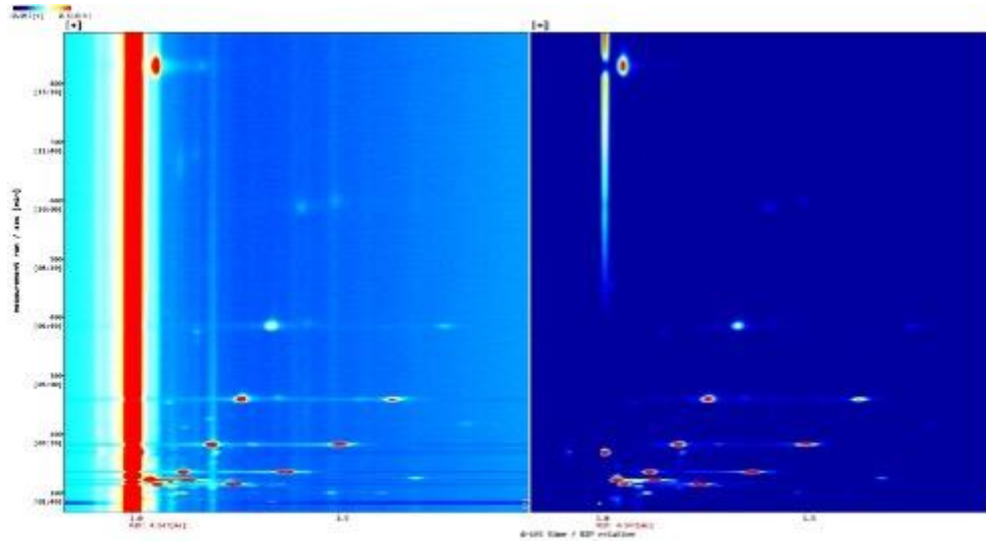


Figure 7: Example of application of individual denoising on GC-IMS data.

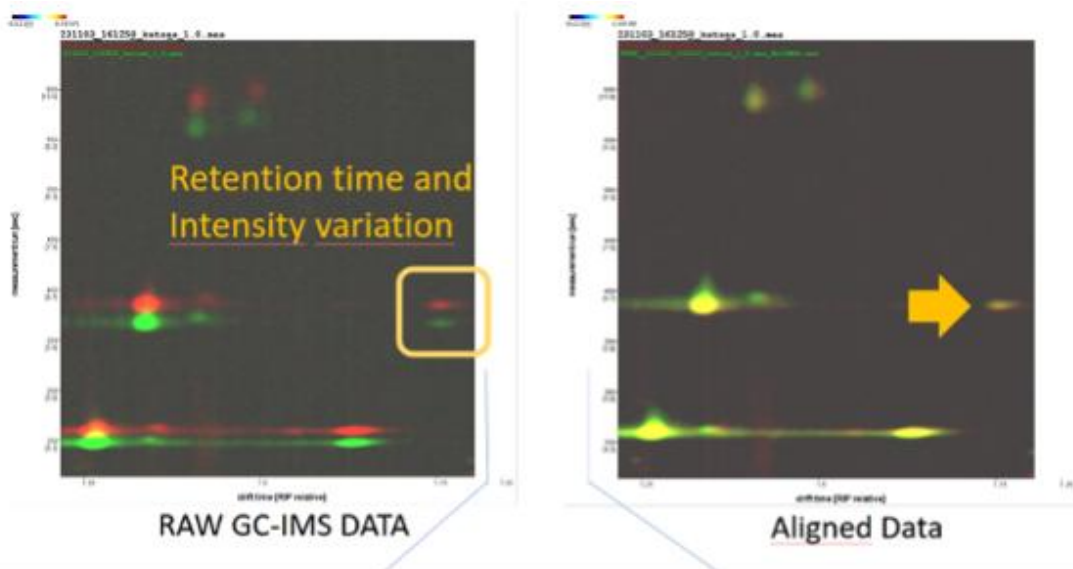
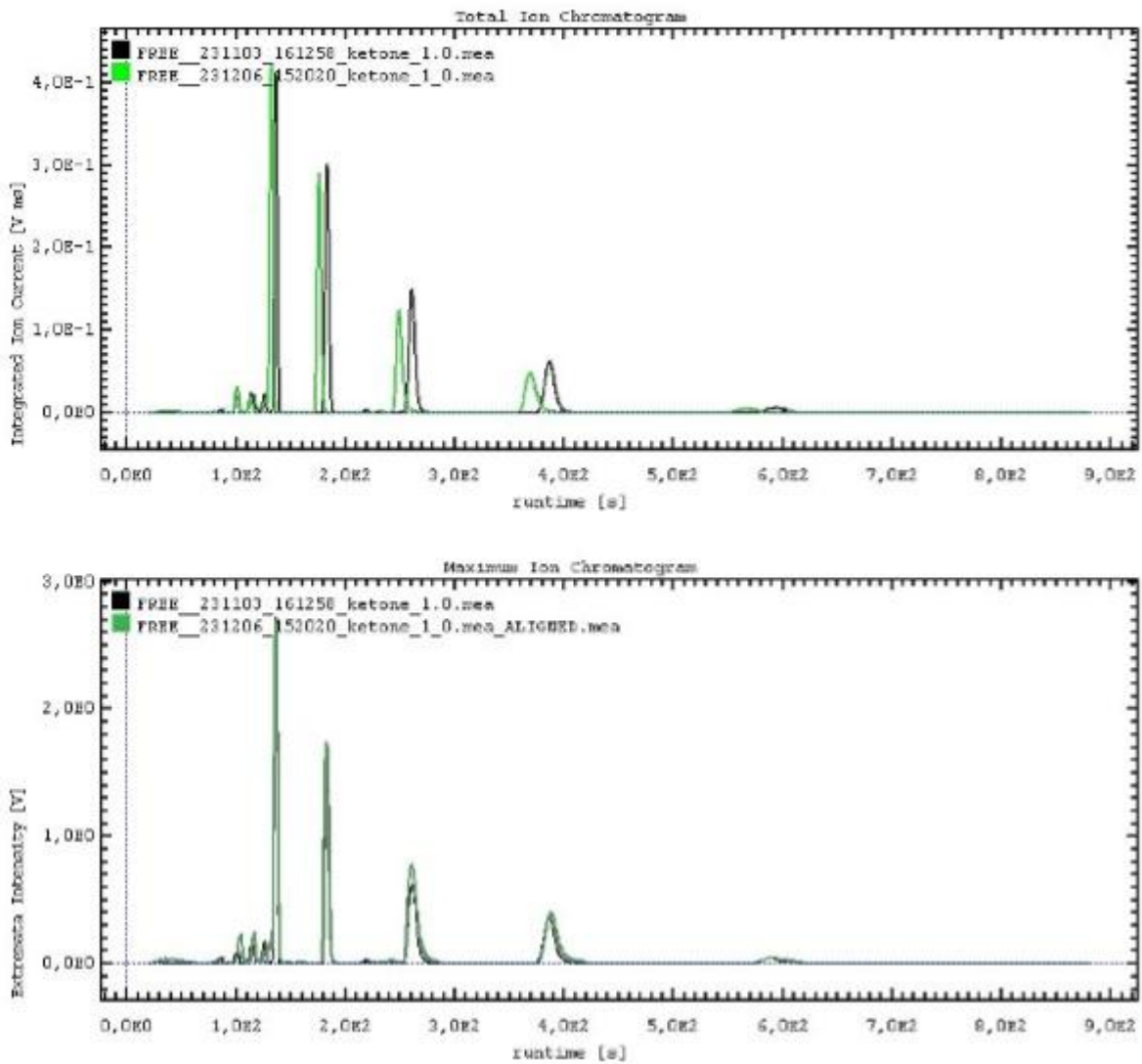


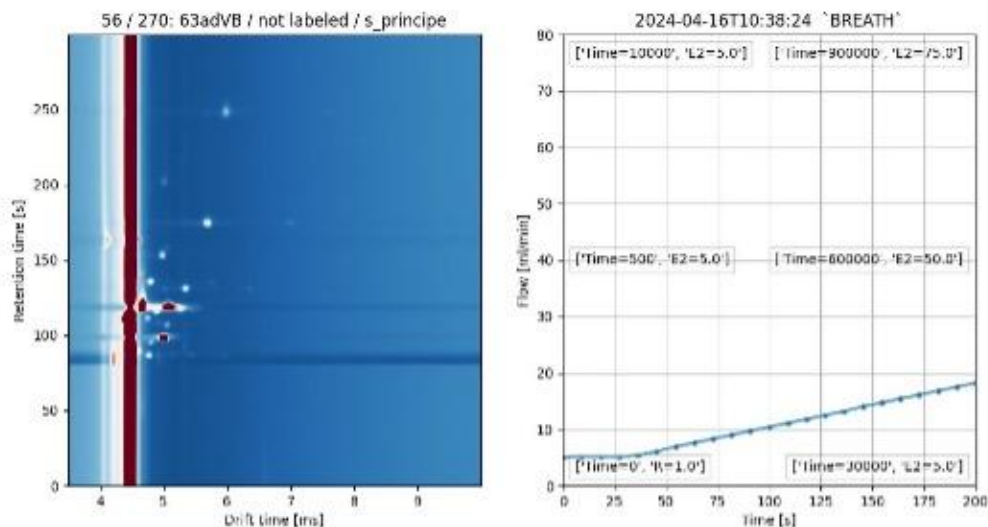
Figure 8: Example of retention time and intensity variation alignment between GC-IMS data.





**Figure 9: Example of reference alignment of GC-IMS measurements from different measurement sites based on KetonMix Calibration data to reference device based in Amsterdam.**

Furthermore, the preprocessing formally includes manual checks as feature of the LIMS platform giving access to QA/QC managers to download, investigate and potentially deactivate samples based on defined criteria as described in D6.1 [D6.1].



**Figure 10: Example of routinely provided quality control data: GC-IMS spectra together with sampling flow from nitrogen generator.**

Following preprocessing, to optimize performance, **Principal Component Analysis (PCA)** and feature importance ranking methods were used to reduce dimensionality while preserving relevant information, and **machine learning model development** tasks followed. This involved:

- **Dimensionality reduction techniques** such as **Principal Component Analysis (PCA)** to retain key features while reducing computational complexity.
- **Selection of key biomarkers** using feature importance ranking methods.
- **Testing multiple classification algorithms**, including:
  - Decision Trees
  - Logistic Regression
  - Partial Least Squares-Discriminant Analysis (PLS-DA)
  - Support Vector Machines (SVM)
  - Random Forest
- **Evaluation of classification accuracy**, with models achieving performance between 53% and 84% of accuracy.
- **Integration into the LIMS platform** for real-time inference and decision support.

### Classification models

Many classification tasks benefit from a wide range of machine learning algorithms, and these algorithms have been applied in diverse fields. In the scope of the ONELAB project, we employ a selection of these algorithms, namely Decision Trees, Logistic Regression, Support Vector Classifier (SVC), Random Forest, and Partial Least Squares Discriminant Analysis (PLS-DA). In contexts related to Gas Chromatography – Ion Mobility Spectrometry (GC-IMS) data, these algorithms have garnered significant attention and recognition within the scientific community. In the subsequent paragraphs, we provide concise high-level descriptions of each of these algorithms.

#### **Logistic regression**

Logistic regression is a statistical modelling technique used in data analysis and machine learning to predict binary outcomes, such as yes/no or true/false decisions. It is particularly suited for situations where you want to understand the relationship between one or more independent variables (features) and a categorical dependent variable (target), which has two possible outcomes. Unlike linear regression, logistic regression employs a logistic function to transform the output into a probability score, which represents the likelihood of the event occurring. By estimating coefficients for each independent variable, logistic regression quantifies the impact of these features on the probability of the desired outcome, making it a valuable tool for classification tasks and decision-making in various fields, from finance to healthcare and beyond.

### **Decision trees**

A decision tree is a versatile machine learning algorithm used for both classification and regression tasks. It constructs a tree-like structure where decisions are made at each internal node based on specific features, leading to different branches or outcomes. At the leaf nodes, final predictions or values are assigned. Decision trees are adept at capturing complex relationships between input features and the target variable, making them highly interpretable models. They are particularly valuable for feature selection, as they reveal which features are most influential in making predictions. This simplicity and effectiveness make decision trees a widely adopted tool in various industries, aiding in data-driven decision-making and enhancing our understanding of the underlying patterns in data.

### **SVC**

The Support Vector Classifier (SVC) is a powerful and widely used machine learning algorithm for binary and multiclass classification tasks. It operates by finding an optimal hyperplane that best separates data points into distinct classes while maximizing the margin between them. SVC is particularly effective when dealing with complex and high-dimensional data, as it focuses on the most influential data points, known as support vectors. By using a mathematical concept called the kernel trick, SVC can also handle nonlinear relationships in the data. This versatility, coupled with its ability to handle outliers effectively, has made SVC a valuable tool in fields like image recognition, text classification, and bioinformatics.

### **Random forest**

Random Forests is an ensemble learning method that combines multiple decision trees to improve predictive accuracy and robustness. Each tree in the forest is constructed using a random subset of the data and a random subset of the features, reducing the risk of overfitting and enhancing generalization. Random Forests excel at handling complex relationships, noisy data, and feature importance assessment. They are a popular choice for a wide range of applications, from finance and marketing to ecology and healthcare, due to their ability to deliver reliable and interpretable predictions.

### **PLS-DA**

Partial Least Squares Discriminant Analysis (PLS-DA) is a multivariate statistical technique commonly employed in classification tasks, particularly in the analysis of high-dimensional

data such as spectroscopy or genomics. PLS-DA seeks to find linear combinations of the original features (variables) that maximize the separation between different classes while considering their intercorrelations. This approach effectively reduces dimensionality and extracts informative features for classification. PLS-DA is valuable in fields like chemometrics, biology, and pharmaceuticals, where discriminating between different groups or classes is a critical objective, as it can provide insights into the most significant factors driving classification.

### **Experimental Setup**

The data set used for training/testing purposes included 54 instances of GC-IMS (gas chromatography ion mobility spectrometry) data given in .hdf5 format without pre-processing as the previous sample. It was used in a similar way with the previous data. The difference is that in this case the Retention Time dimension of each instance is 6939. Each data instance is represented by a matrix (dim.: X, Y) in which the X dimension is the Drift Time and the Y dimension is the Retention Time while the actual values of the matrix represent the intensity of the concentration of each compound in each Drift-Retention Time point. The usual process that is followed in modelling such data is to unfold each sample into vector in which each dimension corresponds to a pair of Drift and Retention Time. Therefore, the final format of the data that will be utilized for modelling has a tabular format. Each row corresponds to one sample and each column to one pixel of the spectrum (Drift-Retention Time pair) and table values represent the corresponding intensities.

To ensure optimal model performance and generalization, the dataset was **split into training and testing sets**, with **80% of the data allocated for training and 20% for testing**. This division allowed for sufficient training while maintaining an independent test set for unbiased model evaluation.

To further enhance consistency across experiments, **standardization techniques were applied** to normalize the dataset, ensuring that each feature was scaled appropriately. This step was crucial in preventing features with larger ranges from dominating the learning process.

Feature selection was also a critical part of the workflow, with **various techniques evaluated** to improve model efficiency and performance. Principal Component Analysis (PCA), LASSO regression, and feature importance methods were applied to retain the most relevant attributes while reducing computational complexity.

To validate model robustness and prevent overfitting, we implemented **5-fold cross-validation (CV)**, a widely used method in machine learning. This technique involved partitioning the training data into five subsets, training the model on four subsets while using the remaining one for validation, and repeating the process five times. The averaged results provided a reliable estimate of model performance.

The machine learning models were evaluated on the **GC-IMS datasets** to classify samples into **infected vs. non-infected** categories. The table below presents an overview of the classification accuracy of different models.

**Table 4: Implemented Models evaluation.**

Model	Feature Selection	Accuracy	Sensitivity	Specificity
Logistic Regression	No	80%	82%	76%
Logistic Regression	Yes	60%	63%	57%
Decision Trees	No	60%	58%	62%
Decision Trees	Yes	40%	42%	37%
SVM	Yes	60%	55%	61%
Random Forest	No	60%	62%	59%
Random Forest	Yes	80%	84%	77%
PLS-DA	No	80%	81%	79%
PLS-DA	Yes	60%	59%	58%

These results indicate that **Random Forest and PLS-DA** were among the best-performing models, demonstrating their potential for infection classification in the ONELAB context. To further improve infection classification, a Convolutional Neural Network (CNN) model is being developed to analyze spectral images obtained from GC-IMS. Unlike traditional feature extraction and classification methods, CNNs are well-suited for detecting spatial patterns in biomedical imaging data, making them an ideal approach for biomarker identification.

The proposed CNN model follows a structured deep learning pipeline:

1. **Input Layer:** The model receives spectral images from the GC-IMS device, where pixel intensity variations represent molecular signatures.
2. **Convolutional Layers:** Multiple convolutional filters are applied to extract hierarchical features, capturing distinct spectral patterns relevant to infection classification.
3. **Pooling Layers:** Dimensionality reduction through max-pooling operations ensures the model retains essential features while discarding irrelevant noise.
4. **Fully Connected Layers:** High-level features extracted from convolutional layers are fed into fully connected layers to generate classification decisions (infected vs. non-infected).
5. **Activation Maps (Grad-CAM):** A heatmap overlay is generated using Gradient-weighted Class Activation Mapping (Grad-CAM), highlighting the most influential spectral regions contributing to the classification. This provides interpretability for clinical experts, allowing them to validate whether the model identifies meaningful biomarkers.

The use of CNNs for spectral image analysis is expected to significantly improve infection classification by leveraging spatial feature extraction capabilities that traditional models lack. This approach enables a more accurate identification of spectral patterns, leading to enhanced classification performance. Additionally, the use of activation maps facilitates biomarker visualization, allowing clinical experts to interpret and validate model predictions. By providing a deeper understanding of spectral variations, CNN-based analysis can enhance the reliability of automated infection detection. Moreover, the scalability of this architecture allows for potential future adaptations, such as differentiating between various infection types (bacterial vs. viral) or incorporating multi-modal data sources. These advancements make CNNs a promising tool for real-time spectral image interpretation within the ONELAB framework. Future work will focus on optimizing hyperparameters, enhancing model robustness, and integrating CNN-based predictions into the LIMS platform for real-time spectral image interpretation.

#### 4.3.2.2. Related User Requirements

The development of the AI models and data analysis services aligns with the project requirements outlined in **Section 3** of this deliverable. Specifically, it addresses the following requirements:

<b>ID</b>	R1_13
<b>Unique Name / Title</b>	The user views the outcomes / predictions of the Classification model
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The classification model is deployed and can be utilized by the user within the LIMS by selecting a measurement for inference.
<b>Rationale</b>	AI Analysis
<b>Validation method</b>	User testing

<b>ID</b>	R1_14
<b>Unique Name / Title</b>	The user views the outcomes / predictions of the Biomarkers Identification model
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	C-LIMS, L-LIMS
<b>Brief Description</b>	The Biomarkers Identification model is deployed and can be utilized by the user within the LIMS by selecting a measurement for inference.
<b>Rationale</b>	AI Analysis
<b>Validation method</b>	User testing

<b>ID</b>	R2_1
<b>Unique Name / Title</b>	Training of Infection type classification model with the collected GC-IMS samples
<b>Type</b>	Non-Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	N / A
<b>Related Use Case</b>	All
<b>Related Component</b>	Analysis service, C-LIMS
<b>Brief Description</b>	The classification model is trained using the available GC-IMS samples. The process includes Data preprocessing and cleaning, Training of ML / DL model, Evaluation of trained model, Re-training using new collected data
<b>Rationale</b>	Measurements Analysis
<b>Validation method</b>	User testing

<b>ID</b>	R2_2
<b>Unique Name / Title</b>	Training of Biomarkers Identification model
<b>Type</b>	Non-Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	N / A
<b>Related Use Case</b>	All
<b>Related Component</b>	Analysis service, C-LIMS
<b>Brief Description</b>	The biomarkers classification model is trained for the evaluation of clinical relevance of the identified biomarkers, and validated in diverse patient populations
<b>Rationale</b>	Measurements Analysis
<b>Validation method</b>	User testing

<b>ID</b>	R4_6
<b>Unique Name / Title</b>	The user views classification results for a given sample
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	By scanning the patient's QR code, the RRML personnel can view the classification results on whether they are infected or not
<b>Rationale</b>	Measurement tracking
<b>Validation method</b>	User testing

#### 4.3.2.3. Interfaces

The AI models are deployed within the **LIMS platform**, providing seamless interaction with clinical users and enabling efficient processing, analysis, and interpretation of infection-related data. The system offers an integrated environment where data can be ingested, analyzed, and reported in a structured manner, ensuring that medical professionals and researchers can leverage AI-driven insights effectively.

#### Key Interface Components:

- **Data Upload Portal:** This portal serves as the entry point for processed GC-IMS data, ensuring that structured and preprocessed information is readily available for AI analysis. It supports batch uploads, enabling large-scale dataset integration, and includes validation checks to ensure data consistency before proceeding to model training or inference.
- **Classification Output Module:** A crucial component of the system, this module provides real-time visual feedback on infection detection results. Once the AI models process incoming GC-IMS data, results are displayed in an intuitive format, indicating the probability of infection and other relevant classification metrics. This module supports automated reporting, enabling clinicians to make informed and timely as well as geographically placed decisions based on model predictions.
- **API Integration for Data Exchange:** The platform is designed with **RESTful API support**, allowing for seamless data exchange between the LIMS and external systems. This ensures interoperability with other laboratory management platforms, facilitating

remote access to classification results, and real-time synchronization of infection status across multiple healthcare facilities.

By integrating these interface components, the LIMS platform enables efficient AI-driven infection detection, ensuring scalability and usability in clinical settings while maintaining compliance with data security and privacy regulations.

### 4.3.3. Synchronization service

#### 4.3.3.1. Overview

The Synchronization service allows the synchronization between any L-LIMS with the C-LIMS. In more detail, it is a two-component service; (i) the model synchronization component, and (ii) the data synchronization component. Both components are deployed in each L-LIMS.

The first component (i.e., the model synchronization) checks if there exist any AI models available in the C-LIMS that do not exist in the L-LIMS deployment and requests to download them. In addition, it checks whether there are updates on existing models and updates them as well.

On the other hand, the data synchronization component checks if there is any measurement data stored in the L-LIMS which is not yet uploaded on the C-LIMS and uploads them. This happens by checking the available UUIDs existing in the C-LIMS and the L-LIMS and uploads the data of those UUIDs which only exist in the L-LIMS, to the C-LIMS.

The synchronization is a Python service which runs in the background and performs those synchronization operations in an iterative manner (i.e., every 6 hours).

#### 4.3.3.2. Related requirements

The requirements related to the Synchronization service are the following:

<b>ID</b>	R3_1
<b>Unique Name / Title</b>	Synchronization data stored in the L-LIMS with the C-LIMS
<b>Type</b>	Non-Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	N / A
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, C-LIMS, Synchronization Service
<b>Brief Description</b>	The data (i.e., measurements, samples, etc.) that is initially stored in the L-LIMS are backed up in the centralized infrastructure. The synchronization procedure is performed iteratively every 1 hour.
<b>Rationale</b>	AI Analysis and Storage
<b>Validation method</b>	Data integrity and logging monitoring

<b>ID</b>	R3_2
<b>Unique Name / Title</b>	AI Models synchronization between the C-LIMS and the L-LIMS
<b>Type</b>	Non-Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory



<b>Role</b>	N / A
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, C-LIMS, Synchronization Service
<b>Brief Description</b>	The trained models, trained with the data found in C-LIMS are transferred to the L-LIMS for local inference. The synchronization procedure is performed iteratively every 1 hour.
<b>Rationale</b>	AI Analysis and Storage
<b>Validation method</b>	Models' integrity and logging monitoring

#### 4.3.3.3. Interfaces

This is a service that runs in the background, so no interfaces are required in order to interact with the users.

### 4.3.4. Patient Registration Mobile Application (PRMA)

#### 4.3.4.1. Overview

The Patient Registration Mobile Application is an Android-based application that is used by the RRML personnel in order to register the patients when they arrive at the RRML. The application can also be used in order to perform additional operations such as linking the collected samples to a patient, retrieving the classification results and the predictions made by the AI models for a given patient's sample measurement, while also perform administrative operations such as seeing all registered patients, deleting patients, etc.

#### 4.3.4.2. Related requirements

The requirements related to the Patient Registration Mobile Application are the following:

<b>ID</b>	R4_1
<b>Unique Name / Title</b>	Patient registration including preregistration
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel, Patient
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	The patient is registered by the RRML personnel using the mobile application. Information from preregistered patients can be retrieved.
<b>Rationale</b>	Registration of patient in order to proceed to the RRML for measurement sampling.
<b>Validation method</b>	User testing

<b>ID</b>	R4_2
<b>Unique Name / Title</b>	Automated assessment based on patient's responses to Triage Questionnaire
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel

<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	The RRML Personnel fills in the Triage questionnaire and the patient's priority is calculated according to their answers.
<b>Rationale</b>	Registration of patient in order to proceed to the RRML for measurement sampling.
<b>Validation method</b>	User testing

<b>ID</b>	R4_3
<b>Unique Name / Title</b>	The user inserts the patient's contact person information
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	The patient's emergency contact person information is collected.
<b>Rationale</b>	Patient tracking
<b>Validation method</b>	User testing

<b>ID</b>	R4_4
<b>Unique Name / Title</b>	The user inserts the patient's information
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	The patient's personal information is collected.
<b>Rationale</b>	Patient tracking
<b>Validation method</b>	User testing

<b>ID</b>	R4_5
<b>Unique Name / Title</b>	The user links a measurement sample with patient
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	The sample is linked to the patients UUID.
<b>Rationale</b>	Measurement tracking
<b>Validation method</b>	User testing

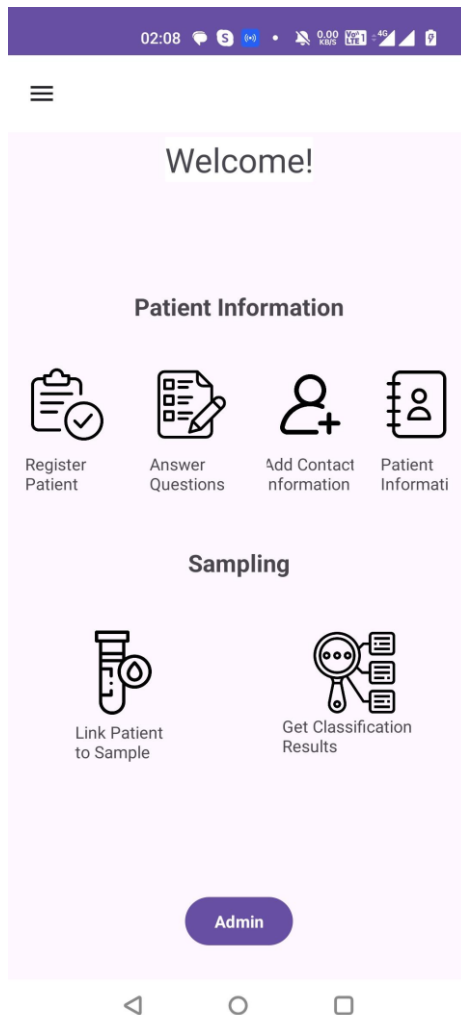
<b>ID</b>	R4_6
<b>Unique Name / Title</b>	The user views classification results for a given sample
<b>Type</b>	Functional
<b>Priority</b>	High

<b>Mandatory</b>	Mandatory
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	By scanning the patient's QR code, the RRML personnel can view the classification results on whether they are infected or not
<b>Rationale</b>	Measurement tracking
<b>Validation method</b>	User testing

<b>ID</b>	R4_7
<b>Unique Name / Title</b>	The user views a specific patient's contact information
<b>Type</b>	Functional
<b>Priority</b>	High
<b>Mandatory</b>	Recommended
<b>Role</b>	RRML Personnel
<b>Related Use Case</b>	All
<b>Related Component</b>	L-LIMS, Patient Registration Mobile Application
<b>Brief Description</b>	By scanning the patient's QR code, the RRML personnel can view the patient's contact information.
<b>Rationale</b>	Measurement tracking
<b>Validation method</b>	User testing

#### 4.3.4.3. Interfaces

The Patient Registration Mobile Application provides a set of user interfaces in order for the user to perform their respective actions. These interfaces are depicted in detail below:



**Figure 11: Home Page.**

The Home Page of the Patient Registration Mobile Application. From here, the user can select any of the most common actions to perform. These include actions related to registering a patient, answering the triage questionnaire, adding the patient’s contact information, and other actions related to sampling such as linking a patient ID to a sample measurement or retrieving the classification results for a patient’s sample.

On the left side the user may select to open the sidebar by tapping on the burger menu. This sidebar lists all available actions. The sidebar can be shown in the following figure.

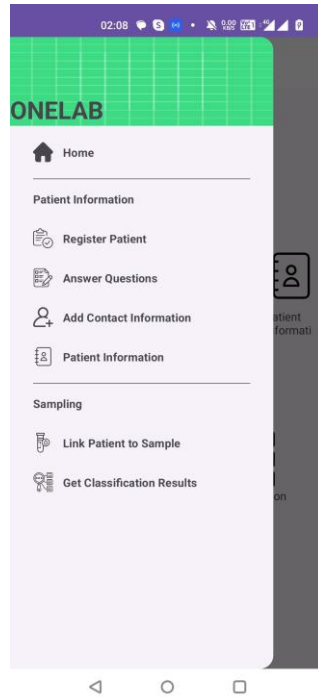


Figure 12: Sidebar.

When selecting the option to register a patient, the user is redirected to a page where they need to fill in some information about the citizen and scan the QR code of the patient in order to link them. The registration page along with the information that have to be inserted are shown in the following figure.

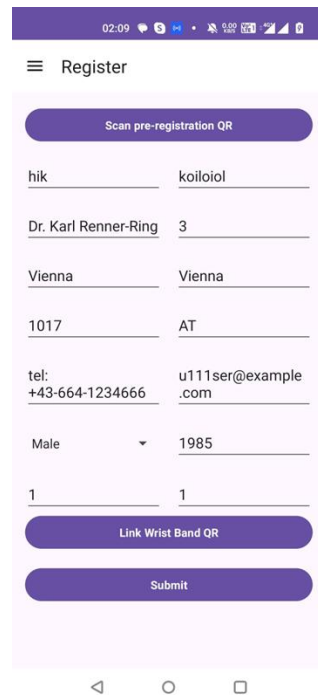
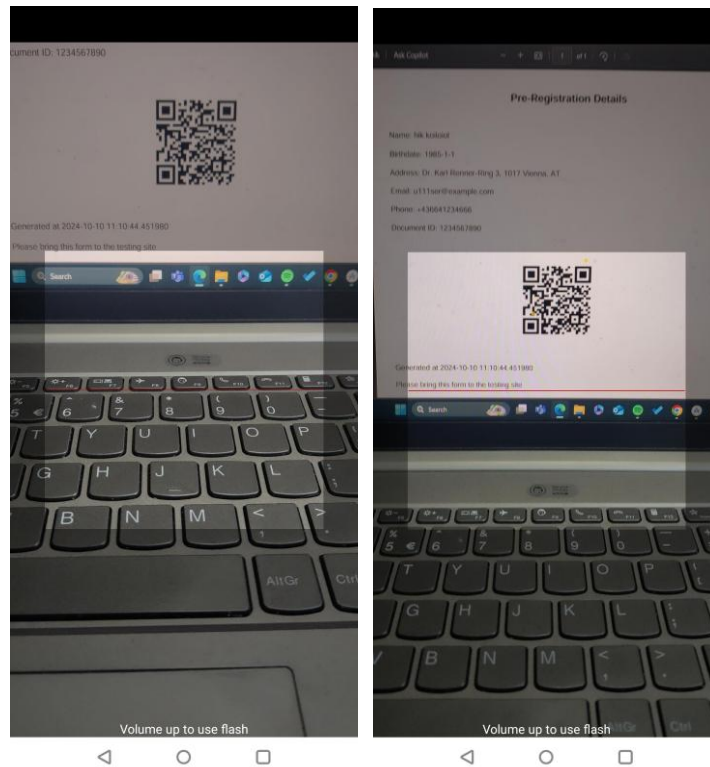


Figure 13: Patient registration page.



In addition to this information, the patient's QR code is scanned, and their record is linked with their UUID, when pressing the button 'Link Wrist band QR'.



**Figure 14: Link patient to UUID by scanning their wristband.**

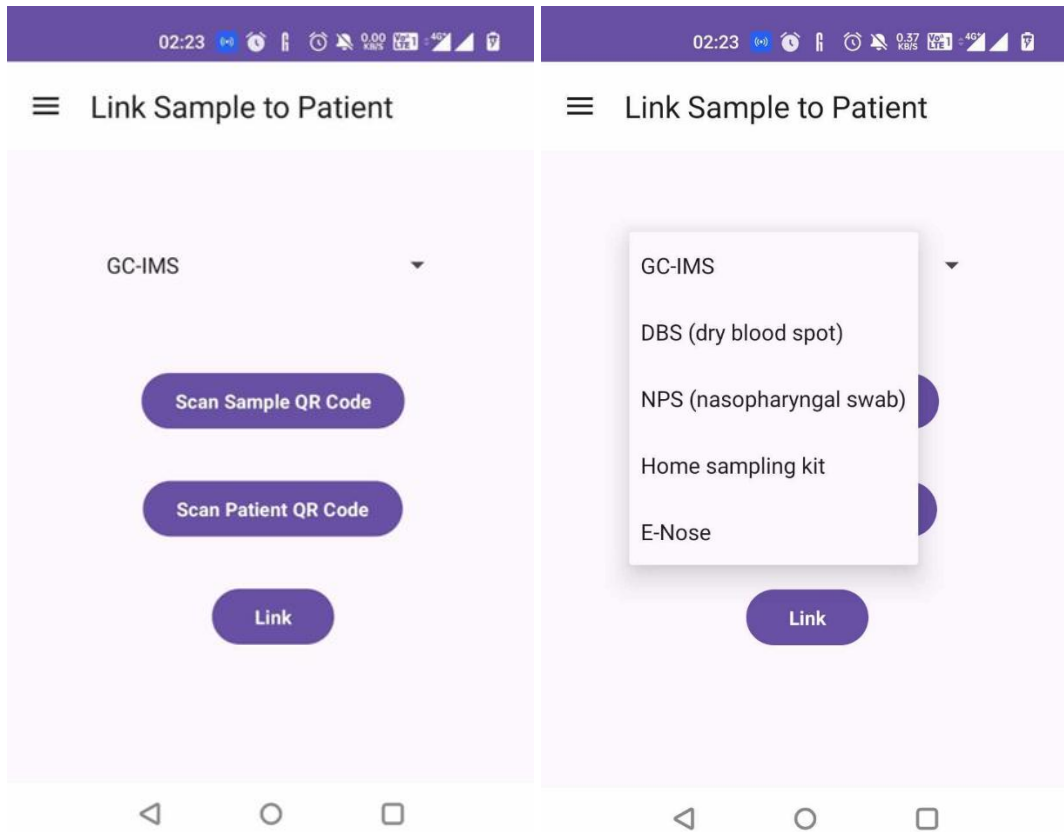
Upon the registration a notification is shown in order to let the RRML personnel know that the operation was successful.

The Triage page regards a list of questions that the patient needs to reply, as shown in the figure below.

Figure 15: Triage questionnaire.

After the registration of the patient, it is important to add a contact person for each patient. This can be done, by selecting the 'Add Contact Information' option from the sidebar.

Figure 16: Contact information insertion page.



**Figure 17: Link Sample to Patient**

Using the 'Link Sample to Patient' page, the user can link any collected sample out of the available in the list (Figure 9b). Then they have to scan the sample's QR code along with the patient's QR code and the link between the two objects is performed.



## 5. FTX Exercise and Outcomes

According to the project proposal a field technical exercise (FTX) was designed, prepared and carried out at Johanniter Research and Innovation Center (JOAFG) in Vienna, Austria on 26<sup>th</sup> until 28<sup>th</sup> of October 2024 with the goal to evaluate the logistics of patient flow through a rapid response mobile laboratory (RRML). To this end the components detailed in this deliverable were combined to create the information and communication technology (ICT) system integrated in the hardware setup of the containers to form the technological basis for the logistics. For details about the overall concept, we refer to D5.2 - FTX “Hard Winter” [D5.2]. In the following only details about the relevant components for this deliverable are described.

In a first step a set of 30 patient actors were created and briefed by JOAFG each of them receiving a pre-registration sheet as depicted in Fig. 18. A defined set of patient actors were selected to act as infected patients and received a dose of eucalyptol liquid to gargle before entering the RRML area. We received a dummy training set for patients with and without eucalyptol before the FTX on which classification model was trained and deployed in the ICT using the setup described in Section 4.3.2. Since the classification is straightforward, i.e., signal at expected location in GC-IMS spectrum present or not, 100% classification accuracy was possible (see Figure 19).

The core components of the ICT connected within the private wireless local area network (W-LAN) are the following:

**Table 5: Core components of the ICT connected within the private W-LAN.**

Component	Locations
Patients' registration mobile application (PRMA)	Patient Registration and Triage Desk Sample container
L-LIMS	Linux Server in ICT Container

Patients were then passing the RRML along the following stations. The following table summarizes these stations together with the components used of the ICT.

**Table 6: Stations and the related ICT components using in each one.**

Location	Description	Used components
Patient registration and triage desk	Patient presents pre-registration sheet with QR code. After scanning the QR Code using the PRMA installed on Samsung Tablets patient details are verified registration is completed by sending the information to the L-LIMS backend. Triage questions	PRMA L-LIMS

	are answered using the PRMA and are also sent to the L-LIMS after completion. Patient moves on to sampling site.	
Sampling site	A breath sample is taken, and the sample is linked via QR code on sample tube to patients QR code using the PRMA.  The sample is handed to personnel inside the measurement container.	PRMA L-LIMS
Measurement site	The sample QR code is scanned with a barcode scanner attached to GC-IMS device before injecting the breath sample. After sample processing a measurement artifact is generated and stored automatically on an attached NUC in the W-LAN along the sample-ID. A watch script automatically transfers the measurement file to the L-LIMS service	L-LIMS Synchronization service
ICT container	The sample received is automatically classified, and the classification result is stored in the L-LIMS	AI Model and data analysis service
ICT container	The local database is synchronized to the C-LIMS	Synchronization service

During the FTX the resulting flow of patients could be monitored continuously from the ICT container by technical personnel. Figure 20. depicts a dashboard developed for monitoring the continuous updates in the database. After completing the FTX it was then possible to evaluate the timing of patients between different locations of action as depicted in Figure 21. Finally, from the L-LIMS as well as from the C-LIMS (after synchronization) it was then possible to use GIS mapping to locate infected and non-infected patients throughout the city area of Vienna via provided dashboards as depicted in Figures 22 with individual locations and Figure 23 providing a heat-map with the main hot spots of simulated viral outbreak.



### ONELAB Patient information

RRML ID: HardWinter

**Patient Information**

Name: Egon Estragon

Birthdate: 1943-4-16

Address: Bellgasse 2, Vienna, Vienna, 1210, AT



Fühlen Sie sich krank? Ja

Gliederschmerzen?: Ja

Kopfschmerzen?: Nein

Genick-/Rückenschmerzen?: Ja

Bauchschmerzen?: Nein

Alkohol in größeren Mengen?: Nein

Temperatur: niedrig

Pulse: niedrig

Licht: Nein

Blutungen: Nein

Notes: Living with 4

Ref.: 1, Code: I-S, Lane: PINK, Eucalyptol: Y, Pre-reg: Y

LAP: 1, PA Nr.: 1, Score: 8

Figure 18: Preregistration sheets for patient actor in FTX.

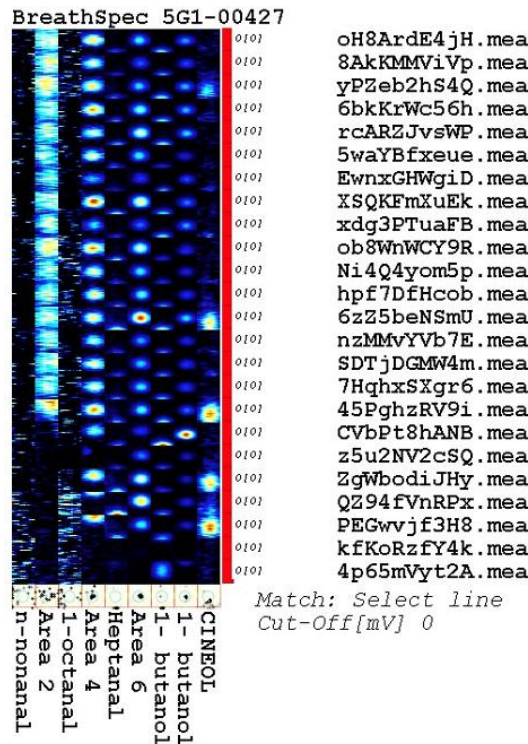
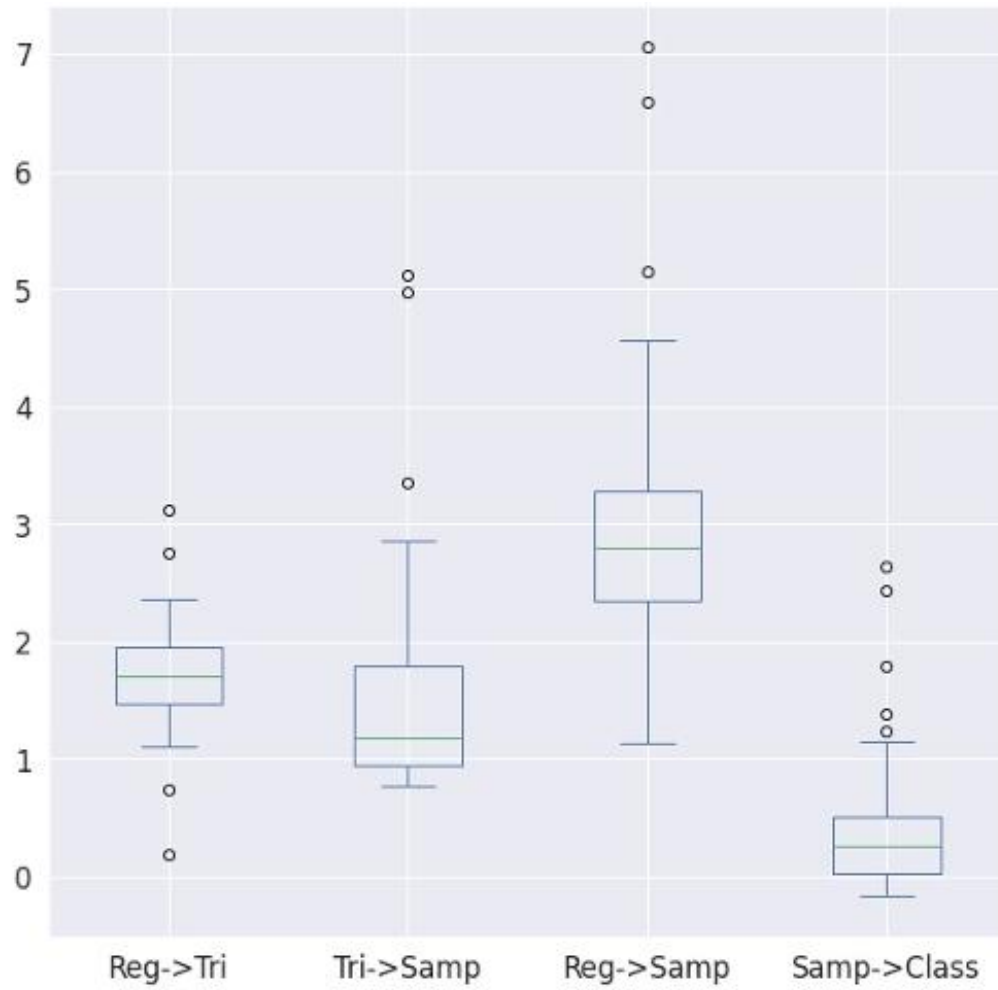


Figure 19: Depiction of signal peaks present for patients who received a dose of eucalyptol before entering RRML area (column CINEOL).

FTX Patients Pre-Registered GIS

ID	Registration Date	GCIMS	GCIMS-Sample-ID	Sample Date	TimeDelta	NPS	HSK	Prediction
5	2024-11-27 11:28:25+00:00	<input type="checkbox"/>	NA	None	0	<input type="checkbox"/>	<input type="checkbox"/>	NA
42	2024-11-27 11:25:10+00:00	<input checked="" type="checkbox"/>	accRjycLn	2024-11-27 11:27:48+00:00	0 days 00:00:02.632633150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no infection
2	2024-11-27 11:22:16+00:00	<input checked="" type="checkbox"/>	oH8Arde4jH	2024-11-27 11:24:49+00:00	0 days 00:00:02.550988850	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no infection
43	2024-11-27 11:19:08+00:00	<input checked="" type="checkbox"/>	cgGHyBZRHu	2024-11-27 11:21:28+00:00	0 days 00:00:02.333311600	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no infection
16	2024-11-27 11:16:29+00:00	<input checked="" type="checkbox"/>	04460626	2024-11-27 11:18:46+00:00	0 days 00:00:02.286877083	<input type="checkbox"/>	<input type="checkbox"/>	NA
12	2024-11-27 11:13:45+00:00	<input checked="" type="checkbox"/>	r4JZNGbS3U	2024-11-27 11:16:05+00:00	0 days 00:00:02.344624300	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no infection
37	2024-11-27 11:10:17+00:00	<input checked="" type="checkbox"/>	8AkKMMVp	2024-11-27 11:12:57+00:00	0 days 00:00:02.667583016	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no infection
45	2024-11-27 11:07:41+00:00	<input checked="" type="checkbox"/>	cgDlnP52ZM	2024-11-27 11:09:58+00:00	0 days 00:00:02.295295533	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no infection
48	2024-11-27 11:04:21+00:00	<input checked="" type="checkbox"/>	yPZeb2H54Q	2024-11-27 11:07:03+00:00	0 days 00:00:02.704012016	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no infection
49	2024-11-27 11:01:24+00:00	<input checked="" type="checkbox"/>	5aCsoZoP9h	2024-11-27 11:03:36+00:00	0 days 00:00:02.201044983	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no infection
35	2024-11-27 10:57:38+00:00	<input checked="" type="checkbox"/>	6bkKrWc56h	2024-11-27 11:00:50+00:00	0 days 00:00:03.208283616	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no infection
8	2024-11-27 10:53:42+00:00	<input checked="" type="checkbox"/>	d43AxRHfFaa	2024-11-27 10:57:27+00:00	0 days 00:00:03.752585850	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no infection
30	2024-11-27 10:50:23+00:00	<input checked="" type="checkbox"/>	z6JwHofdkj	2024-11-27 10:53:51+00:00	0 days 00:00:03.466298516	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no infection
33	2024-11-27 10:48:05+00:00	<input checked="" type="checkbox"/>	rcARZJvsWP	2024-11-27 10:54:40+00:00	0 days 00:00:06.586296200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no infection
9	2024-11-27 10:47:08+00:00	<input checked="" type="checkbox"/>	5wayYfXeue	2024-11-27 10:50:16+00:00	0 days 00:00:03.130388733	<input type="checkbox"/>	<input checked="" type="checkbox"/>	viral infection

Figure 20: Dashboard for technical personnel within ICT container to monitor patient flow.



**Figure 21: Statistical Evaluation of time durations for patients and samples during the FTX: (Reg->Tri) Time in minutes for patients from registration to complete triage questions (Tri->Samp) time in minutes for patients from triage desk to location of sample taking, (Reg->Samp.) total time of patient after registration to sample location (including sample taking). (Samp->Class) Time used to process sample in measurement container.**

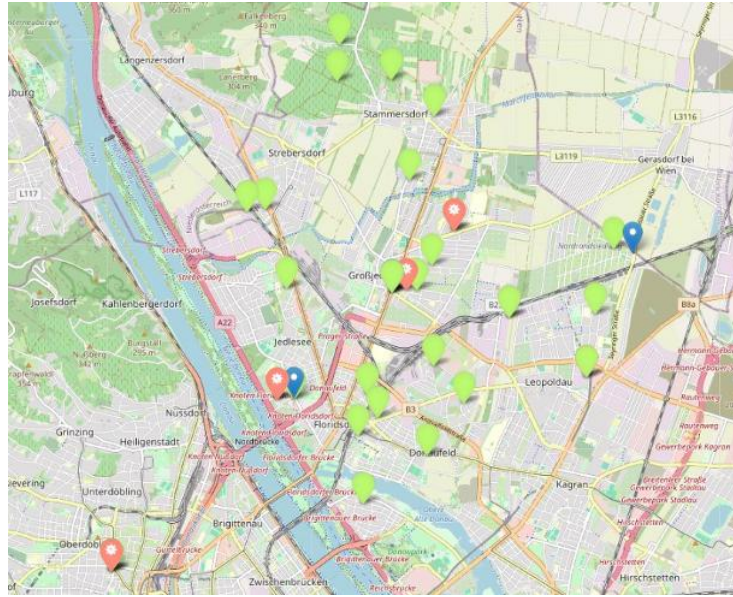


Figure 22: GIS mapping of fake patient actor locations after presentation in the RRML (green: not-infected, red: infected, blue: not classified).

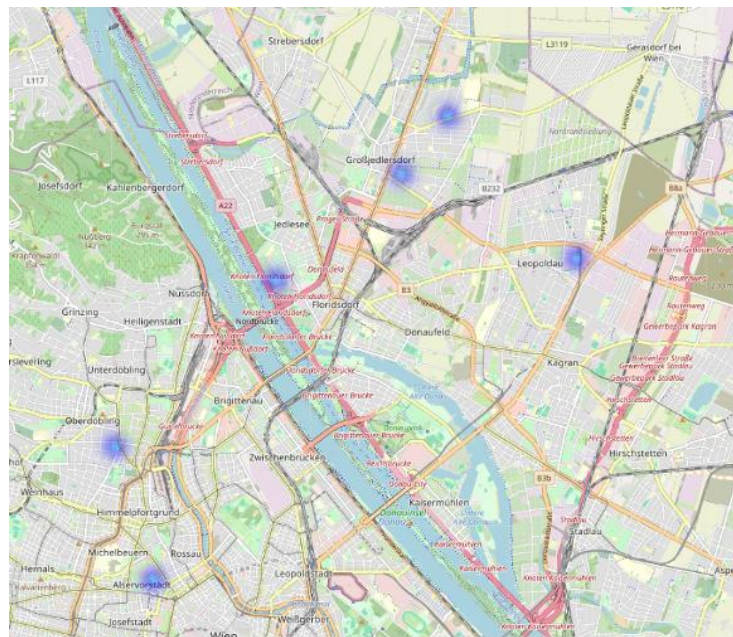


Figure 23: Heatmap based on GIS data for fake infected patients after



## 6. Conclusions

In conclusion, this document has provided a thorough examination of the ONELAB LIMS solution, detailing its architecture, core components, and alignment with the needs of the ONELAB use cases and field exercises.

In more detail a comprehensive analysis of the ONELAB LIMS solution was provided, focusing on its design, architecture, and practical implementation. It began with an in-depth review of use cases and user requirements, forming the foundation for the ONELAB LIMS solution.

The core components, including the LIMS, AI models, synchronization service, and Patient Registration Mobile Application, were thoroughly examined to demonstrate how the system meets lab management needs, particularly for the ONELAB RRML. Finally, the outcomes from the FTX exercise were discussed in which the LIMS was utilized and validated.



## 7. References

[D4.4] D4.4 - Modular Laboratory RRML Platform, ONELAB Consortium.

[D5.1] D5.1 – FTX Technical file, ONELAB Consortium.

[D5.2] D5.2 – FTX - “Hard Winter” (clinically based PoC), ONELAB Consortium.

[D5.3] D5.3 - FTX “Pre-emptive” (Pandemic simulation in collaboration with WPCTF), ONELAB Consortium.

[D6.1] D6.1 - Pandemic Testing Playbook, ONELAB Consortium.

[GitLab] GitLab, Available at: <https://about.gitlab.com/>

[SQLite] SQLite, Available at: <https://www.sqlite.org/>

[Streamlit] Streamlit, Available at: <https://streamlit.io>