



Kaiser Permanente Washington  
Health Research Institute

## Collection and Shipment Training



National Centralized Repository for  
Alzheimer's Disease and Related Dementias

# Training Overview: ACT

- ❖ Kit Review & Kit Request Module
- ❖ Specimen Labeling Instruction
- ❖ Sample Collection and Processing
- ❖ Shipping and Packaging Sample Shipments
- ❖ Creating Airbills and Scheduling UPS Pickup
- ❖ Sample Form
- ❖ Common Nonconformance Issues
- ❖ NCRAD Resources and Contact Information

# Kit Request Module

[HTTPS://KITS.IU.EDU/ACT](https://kits.iu.edu/act)



National Centralized Repository for  
Alzheimer's Disease and Related Dementias

# ACT Kit Request Module

- Enter Email
- Choose your site from drop-down list



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## ACT Kit Request System

Please select your site from the list below. Verify or edit the contact name, shipping address, phone number, and e-mail address. Then, enter the desired number of kits or extra supplies in the text fields to the right of each option. A comprehensive list of each kit is listed at the bottom of the screen. Please click submit at the bottom of the screen when you are finished to place your order.

Due to ongoing supply limitations, we ask that you please only order as many kits and extra supplies that you will be able to use in the next 30 days. Doing so allows us to fulfill as many kit requests as possible without depleting stock for other kit requests in our queue. If we are not able to fulfill any part of your request due to supplies being out of stock, we will reach out about those individually.

Our standard shipping time for all orders is 3 weeks.

We can ship this kit request by: **04-24-2024**

If you need any supplies in this order prior to **04-24-2024**, you must contact the NCRAD coordinator for this study: [gosnellm@iu.edu](mailto:gosnellm@iu.edu)

Please enter your email address here to receive a confirmation email after completing the survey:

\* must provide value

Study Site

\* must provide value

Submit

Please enter your email address here to receive a confirmation email after completing the survey:		<input type="text" value="doej@institution.edu"/>
* must provide value		
Study Site	<input type="text" value="8 - Somewhere University"/>	
* must provide value		
Somewhere University		
Jennifer Doe Somewhere Alzheimer's Disease Center 1234 Main St, Room 123 Somewhere, IN 46202 Phone: (000) 555-5555 Email: primarycontact@institution.edu		
Is the contact name above correct?	<input type="radio"/> Yes <input type="radio"/> No	reset
* must provide value		
Is the shipping address above correct?	<input type="radio"/> Yes <input type="radio"/> No	reset
* must provide value		
Is the e-mail address above correct?	<input type="radio"/> Yes <input type="radio"/> No	reset
* must provide value		

- The coordinator name and contact information will appear.
- Verify that this information is accurate and correct if necessary.





# ACT Kit Request Module

### Specimen Collection Kits

ACT Blood Collection

Collects 30 ml blood

Contains supplies for collecting 30 ml of blood total:

- 30 ml of blood for Plasma and Buffy Coat

\* must provide value

### Shipping Kits

ACT Frozen Shipping Supply Kit (Large Shippers)

Up to 8 subjects per frozen shipping kit

\* must provide value

### Supplemental Kits

ACT Supplemental Kit

\* must provide value

### Extra Supplies

Do you need extra supplies?

☐ Yes

☐ No

reset

- Can place an order for:
  - Blood collection kit
  - Frozen shipping kit
  - Supplemental kit (**one per year**)
  - Individual supplies
- Enter kit order amounts
- Please do not order in bulk. Kit contents expire.
- Click “Submit” to complete your request

**\*Allow for 3 weeks for kits to arrive when placing order**

# ACT Kit Types

**ACT Blood Kit**



**ACT Supplemental Kit**



**ACT Frozen Shipping Supply Kit (Large Shippers)**

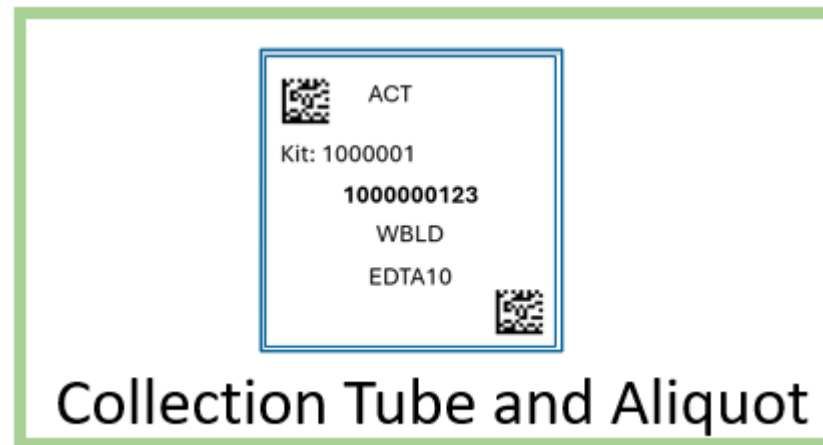
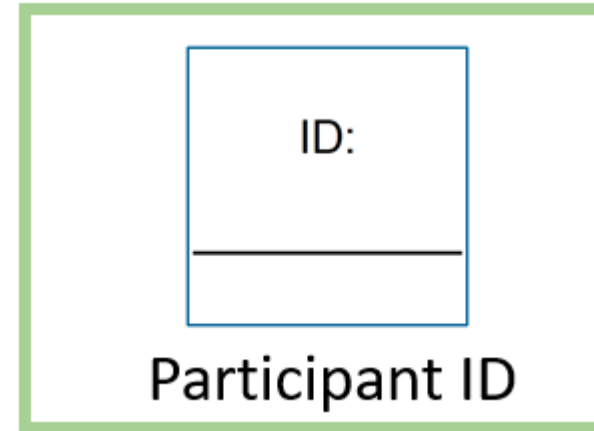


# Specimen Labels



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# Three Label Types





# Kit Number Labels



- Ties all biospecimens and kit contents together for each participant at each visit
- Provides quality assurance
- Will be placed on the following locations:
  1. Blood Sample and Shipment Notification Forms
  2. Cryoboxes that house aliquots during shipping
  3. One extra label provided

# Participant Labels

ID:

---

- Participants will be identified by their participant ID and sites will be responsible for handwriting this onto the provided labels
  - Must use fine point permanent marker
- Placed on blood collection EDTA tubes

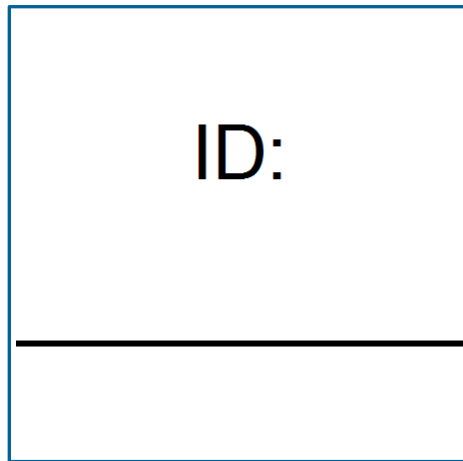
# Collection Tube and Aliquot Labels



- Collection Tube/Aliquot labels are specific to the type of biospecimen
- Have 4 components:
  - Study name
  - 10 digit unique specimen barcode
  - Collection Group
  - Kit number
- Place on EDTA tubes and processed cryovials

# Blood Collection Tubes

Label 1: Participant ID Label



A square label with a blue border. The text "ID:" is centered in the upper half. A horizontal black line is drawn across the lower half of the label.

Label 2: Collection Tube label

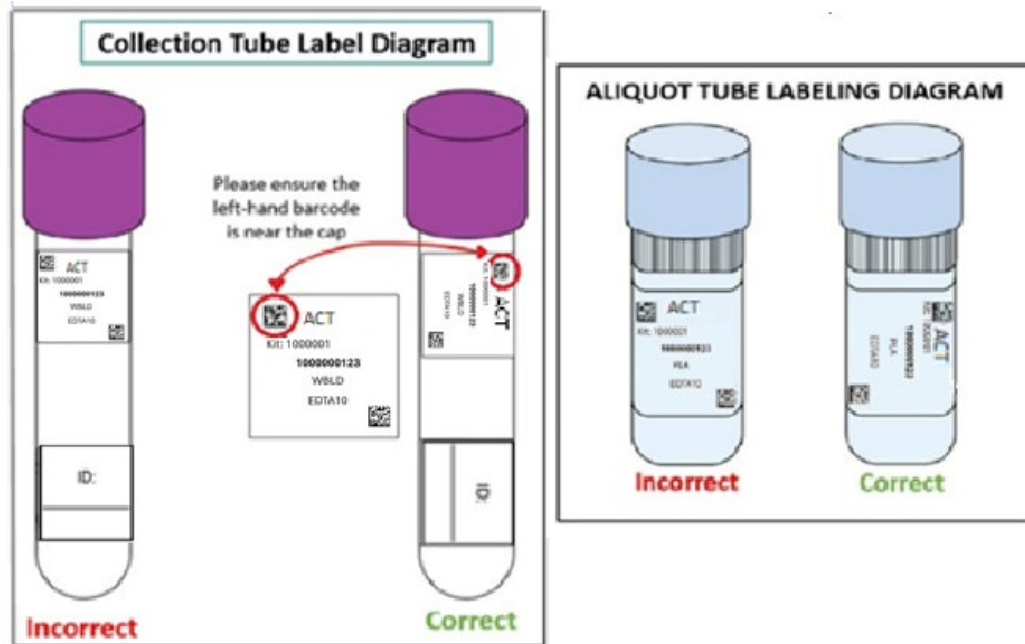


A rectangular label with a blue border. It contains the following text and graphics: a QR code in the top left corner, the text "ACT COLLECT" in the top right, "Kit: 1000001" below it, "1000000123" in the center, "WBLD" below that, "EDTA10" at the bottom, and another QR code in the bottom right corner.

All collection tubes will have two labels:

- Handwritten Participant ID label
- Collection tube label

# Labeling Biologic Samples



- Write participant ID with fine-point marker prior to label placement
- Label all collection and aliquot tubes before cooling, collecting, processing or freezing samples
- Label only one participant's tubes at a time to avoid mix-ups
- Wrap the label around the tube horizontally. Label position is important for all tube types
- Make sure the label is completely adhered by rolling between your fingers






# Handling/Processing Study Specimens



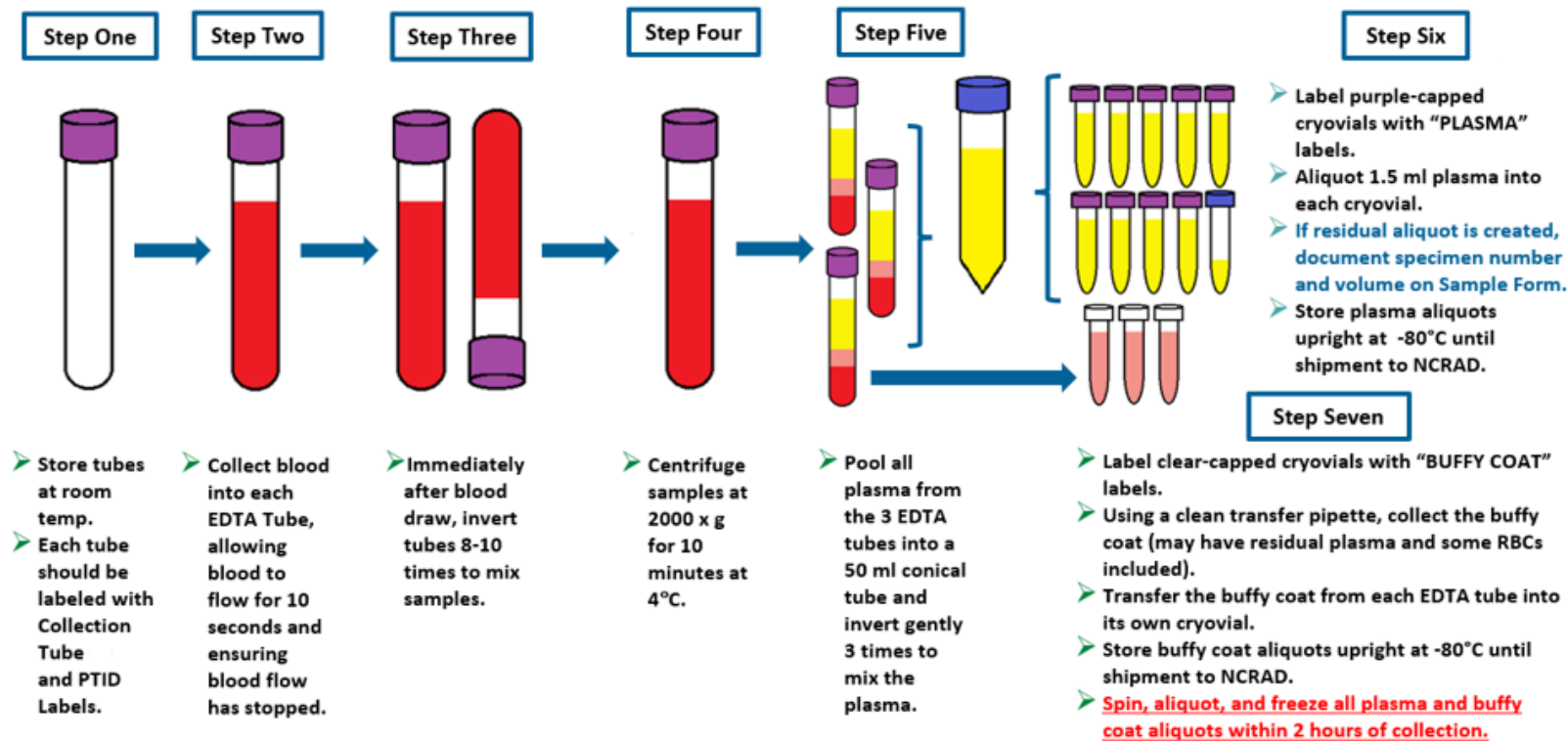
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# Specimen Collection and Processing:

## Specimen Tube Types

Type	Tube Photo	Size	Purpose	Amount
EDTA Tube		10 ml	Whole blood collection	3
Conical Tube		50 ml	Pooling plasma from EDTA tubes	1
Cryovial		2 ml	1.5 ml aliquots of plasma from conical tube	Up to 9
Cryovial		2 ml	Aliquot residual plasma <1.5 ml after filling purple top cryovials	1
Cryovial		2 ml	~1.0 ml aliquots of buffy coat from EDTA tubes	3

# Plasma/Buffy Coat Collection and Processing: 30 ml



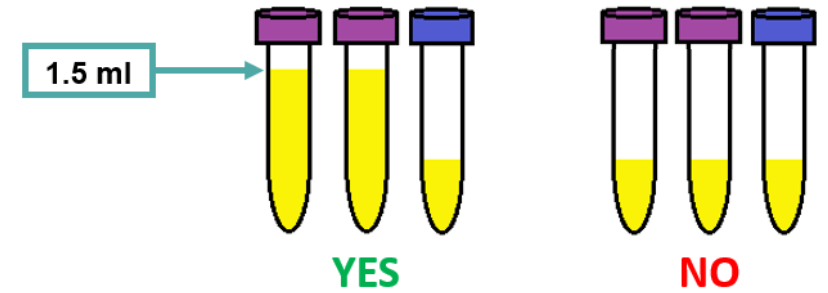


# Plasma Collection

- Processed plasma creates up to nine 1.5ml aliquots in purple cap cryovials
- Residual plasma is placed in blue cap cryovial

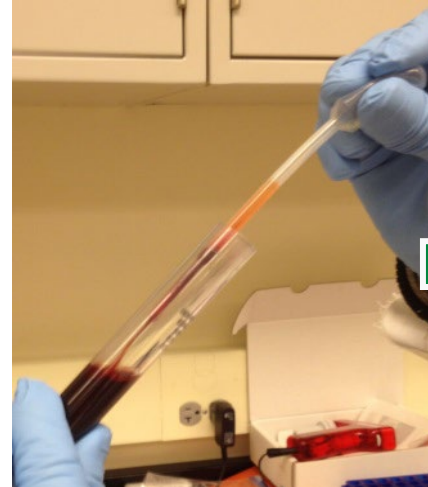
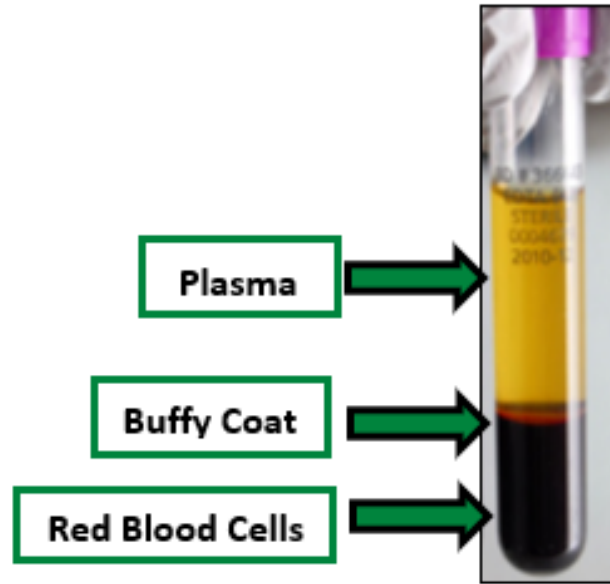


10 mL EDTA tube after centrifuge



# Buffy Coat Collection

- Expected to have a reddish color from the RBCs.
- Be sure to only place the buffy coat from one EDTA tube into each cryovial
- Create up to 3 buffy coats



# Packaging Sample Shipments



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# Frozen Shipment Packaging



All samples shipped frozen to NCRAD **Monday-Wednesday ONLY**



Hold packaged samples in a -80°C freezer until pickup



Include copy of Blood Sample and Shipment Notification Form in shipper



Sites provide pelleted dry ice for shipments

~45 lbs. per batch shipment (8 cryoboxes per large shipper)

# Frozen Shipment Packaging

- Use the biohazard bag to package the frozen 25-slot cryobox
- Confirm the kit number label has been placed on the outside of the cryobox



# Frozen Shipment Packaging

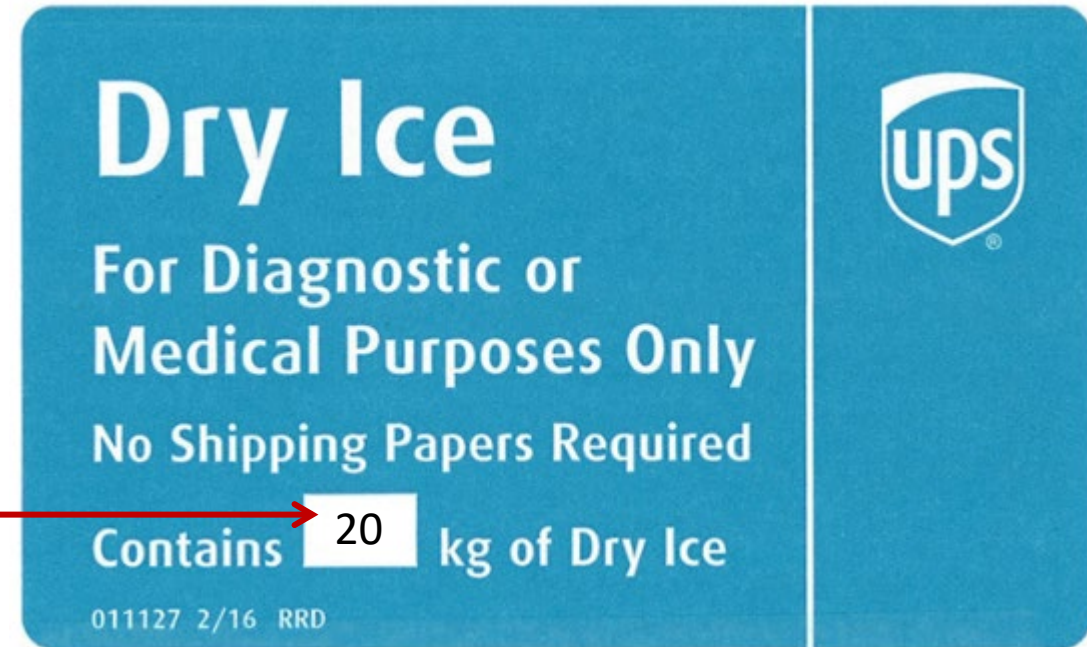
- Place 2-3 inches of pelleted dry ice in the bottom of the Styrofoam shipping container, then insert the cryoboxes laying upright
- Fill shipper to the top with pelleted dry ice
- Each Styrofoam shipper must contain about 45 lbs (20 kg) of pelleted dry ice
- Each large frozen shipper holds up to 8 cryoboxes



# Frozen Shipping – Dry Ice Requirements

Dry Ice label should not be covered with other stickers and must be completed, or the shipping carrier will reject/return your package!

Net  
weight of  
dry ice in  
**kg**





# Creating Airbills/Scheduling Pickups



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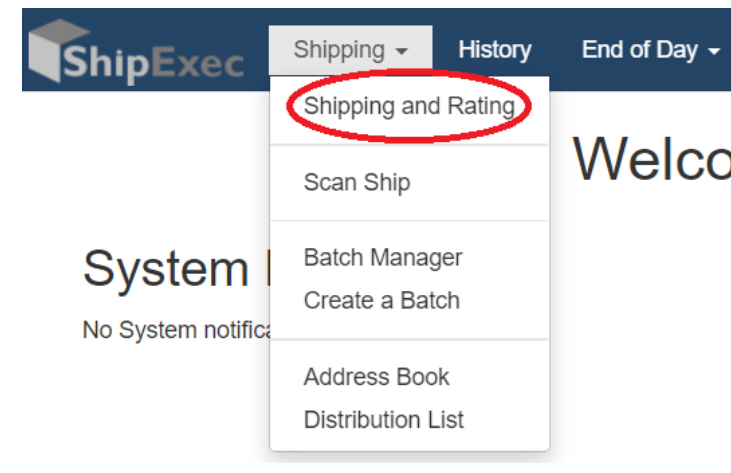
# UPS ShipExec™ Thin Client Website



Log into the ShipExec Thin Client:  
<https://kits.iu.edu/UPS>




Click on the “Shipping” dropdown and  
click on “Shipping and Rating”



# Finding Your Contact Information

- On the right side of the screen, choose the name of your study from the “Study Group” drop down menu
  - *This step must be done 1<sup>st</sup>*




Shipment Information

Study Group	<input type="text"/>	▼
Weight	<input type="text"/>	LB ▼
Dry Ice Weight	<input type="text"/>	LB ▼
Description of Return	Biological Specimens	

[Pickup Request](#)

- On the left side of the screen, Click on the magnifying glass icon



Ship From

[Clear](#)

Code

Company

Contact

Address 1

Address 2

Address 3

City

State/Province

Postal Code

Country/Territory

# Finding Your Contact Information

- On the right side of the screen, a list of all the site addresses within the study you selected should populate
- User can filter the search for their address further by filling in the “Company”, “Contact”, or “Address 1” fields
- Hit “Search” when ready.
- Once you have found your site address, click on the “Select” button to the left of the address
- If any information needs to be updated, please reach out to the NCRAD Coordinator of your study

Select address book

Address Book	Type
RETURNS	Company

Group: ACT

Code:

Company:

Contact:

Address 1:

Address 2:

Address 3:

City:

State/Province:

Postal Code:

Country / Territory:

Email:

Phone or Fax:

Account / Tax:

Action	Code	Company	Contact
Select	Kaiser Permanente Health Research Institute	Kaiser Permanente Health Research Institute	Shaula Levy

« 1 2 »

# Verify Information

Ship From		Shipment Information	
<input type="text"/>	<input type="button" value="Clear"/>	Study Group	<input type="text"/>
Code	Kaiser Permanente Health Research Institute	Weight	<input type="text"/> LB
Company	Kaiser Permanente Health Research Institute	Dry Ice Weight	<input type="text"/> LB
Contact	Shaula Levy	Description of Return	Biological Specimens
Address 1	2921 Naches Ave SW	<input type="button" value="Pickup Request"/>	
Address 2	MPE-1360		
Address 3			
City	Renton		
State/Province	WA		
Postal Code	98057		
Country / Territory	United States		

Please double check that both the shipping information AND study reference are correct for this shipment

# Entering Shipment Information

- **Frozen shipments**

- Enter the total weight of your package in the “Weight” field
- Enter the dry ice weight in the “Dry Ice Weight” field
  - The “Dry Ice Weight” field *cannot* be higher than the “Weight” field (will receive an error message)

Shipment Information	
Study Group	<input type="text"/>
Weight	<input type="text"/> LB
Dry Ice Weight	<input type="text"/> LB
Description of Return	Biological Specimens
<a href="#">Pickup Request</a>	

# Need to request UPS Pickup?

- Click on the “Pickup Request” button
- Fill out all fields for the pickup request
- Enter in the “Earliest Time Ready” and “Latest Time Ready” in 24-hour format
  - Users must schedule pickup minimum 1 hour before “Earliest Time Ready”
- Choose a name and number that is the best to contact if the UPS driver has questions related to picking up your package
- Entering the Room Number and Floor will help the UPS driver locate your package
  - Room number field is free text
  - Floor field is numerical only
- Hit “Save” when done

### Shipment Information

Study Group	<input type="text"/>	
Weight	<input type="text"/>	LB
Dry Ice Weight	<input type="text"/>	LB
Description of Return	Biological Specimens	

Pickup Request

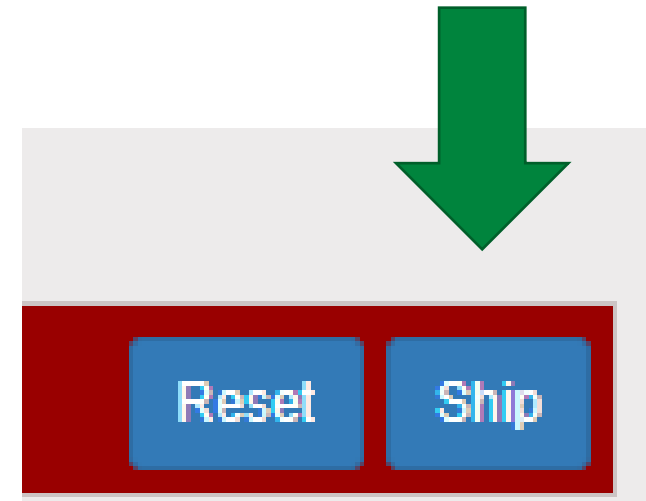
### Create Pickup Request

Pickup Date	2021-03-15
Earliest Time Ready	HH:MM (24 hours format)
Latest Time Ready	HH:MM (24 hours format)
Contact Name	
Contact Phone	
Payment Method	Pay by shipper account
Room Number	
Floor	

Save Cancel

# Shipping Packages

- If all fields in “Ship From” and “Shipment Information” fields are completed (and if necessary, pickup request is completed), click Ship in the bottom right corner of the page



# Accessing Airbill

- Two documents will be created
- Save the Shipment Receipt and the UPS Waybill
- The “Pickup No:” is the reference number to your specific pickup request in case there are any issues with your package being picked up by UPS
- Check Pickup Status by going to UPS.com, click on the Shipping, select Schedule a Pickup, and look on the right side of screen to click on “Pickup Request Status”. Enter in the Pickup No. listed on receipt into PRN field and submit

## Shipment Receipt

ShipExec™ Shipment Receipt

Transaction Date: Tuesday, December 8, 2020

Pickup No: 2929602E9CP

Address Information

Ship To:	Shipper:	Ship From:
John Smith	Iugb	Iugb
Indiana University	Iu School Of Medicine	Iu School Of Medicine
980 W. Walnut Street	351 W 10Th St	351 W 10Th St
Indianapolis, IN 46202	Indianapolis, IN 46202	Indianapolis, IN 46202

Shipment Information

Service: UPS Next Day Air (UPS Adapter)

Package Information

Pkg No	Tracking No	Packaging Type	Actual Wt	Billable Wt	Insured Value
1	1Z976R8W8430841976	Customer Packaging	20.0	20	0.00

## Airbill

JOHN SMITH  
317-655-1234  
INDIANA UNIVERSITY  
980 W. WALNUT STREET  
INDIANAPOLIS, IN 46202

20 LBS 1 OF 1  
RS

SHIP TO:  
IUGB  
317-278-6158  
IU SCHOOL OF MEDICINE  
TK 217  
351 W 10TH ST  
INDIANAPOLIS IN 46202

IN 461 9-01

UPS NEXT DAY AIR 1

TRACKING #: 1Z 976 R8W 84 3084 1976

SAMPLE

BILLING P/P  
DESC: Biological Specimens  
RETURN SERVICE  
UNINSURED DRY ICE CLASS 9, 1 x 4.5 KG  
AUCIT REQUIRED

Reference No: 1-8883630

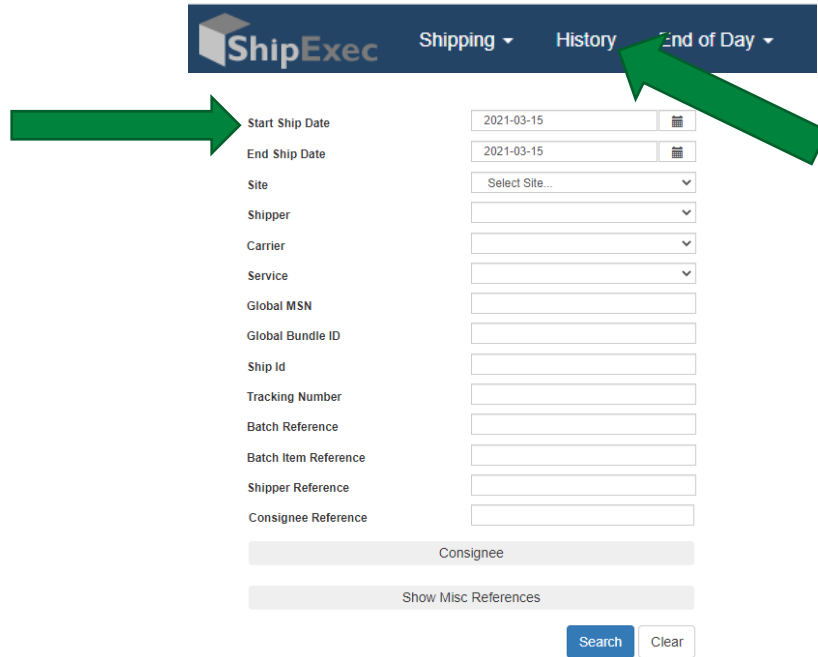


# Accessing Airbill

- Print out the UPS air waybill
- Fold the UPS air waybill and slide it inside the plastic UPS sleeve (NCRAD will provide these in kit requests)
- Peel the back off the plastic UPS sleeve and stick the sleeve to your package, making sure it is laying as flat as possible along the surface of the package.




JOHN SMITH 317-555-1234 INDIANA UNIVERSITY 980 W. WALNUT STREET INDIANAPOLIS IN 46202	20 LBS <b>RS</b>	1 OF 1
SHIP TO: IUGB 317-278-6158 IU SCHOOL OF MEDICINE TK 217 351 W 10TH ST INDIANAPOLIS IN 46202		
	IN 461 9-01 	
UPS NEXT DAY AIR		1
TRACKING #: 1Z 976 R8W 84 3084 1976		
 SAMPLE		
BILLING: P/P DESC: Biological Specimens RETURN SERVICE UN1845, DRY ICE, CLASS 9, 1 x 4.5 KG AUDIT REQUIRED		
Reference No.1: 6683830		

# Creating Airbills & Scheduling Pick Ups: Reprinting/Voiding Airbills



The screenshot shows the ShipExec Thin Client portal interface. At the top, there is a navigation bar with 'Shipping', 'History', and 'End of Day' tabs. A green arrow points to the 'History' tab. Below the navigation bar, there is a search filter section with various input fields: 'Start Ship Date' (2021-03-15), 'End Ship Date' (2021-03-15), 'Site' (Select Site...), 'Shipper', 'Carrier', 'Service', 'Global MSN', 'Global Bundle ID', 'Ship Id', 'Tracking Number', 'Batch Reference', 'Batch Item Reference', 'Shipper Reference', and 'Consignee Reference'. There are also buttons for 'Search' and 'Clear'.

Reprint by clicking printer icon

Action	Global MSN	Tracking Number	Shipper Reference	Consignee Reference	Ship Date	Weight	Rated Weight	Dimension
  	9506	1Z976R8W8430841976		6683830	2020-12-08	20 LB	20 LB	

Void by clicking the X icon

- To reprint airbill or void a shipment, click “History” at the top of the ShipExec Thin Client portal
- If your shipment doesn’t automatically pop up, enter in the date of shipment and then click “Search”

# Blood Sample and Shipment Notification Form



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## Appendix B: Blood Sample and Shipment Notification Form

*Please email the form on or prior to the date of shipment.*

To: Kelley Faber   Email: <a href="mailto:alzstudy@iu.edu">alzstudy@iu.edu</a> Phone: 1-800-526-2839			
From: _____		UPS tracking #: <b>1Z976R8W84</b>	
Phone: _____		Email: _____	
Study: ACT	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Year of Birth: _____	KIT BARCODE
Participant ID: _____			
<b>Blood Collection:</b>			
Date of Draw: _____ [MMDDYY]		Time of Draw: _____ [HHMM]	
Date participant last ate: _____ [MMDDYY]		Time participant last ate: _____ [HHMM]	
<b>Blood Processing:                      Plasma &amp; Buffy Coat (EDTA Tube)</b>			
EDTA #1 specimen number (Last four digits): _____		Original blood volume of EDTA #1: _____ mL	
EDTA #2 specimen number (Last four digits): _____	<input type="checkbox"/> N/A	Original blood volume of EDTA #2: _____ mL	<input type="checkbox"/> N/A
EDTA #3 specimen number (Last four digits): _____	<input type="checkbox"/> N/A	Original blood volume of EDTA #3: _____ mL	<input type="checkbox"/> N/A
Time spin started: _____ [HHMM]		Duration of centrifuge: _____ mins	
Temp of centrifuge: _____ °C		Rate of centrifuge: _____ x g	
Time aliquoted: _____ [HHMM]		Number of 1.5 mL plasma aliquots created (purple cap): _____	
Volume of residual plasma aliquot (less than 1.5 mL in blue cap): _____ mL	<input type="checkbox"/> N/A	Specimen number of residual plasma aliquot (Last four digits): _____	<input type="checkbox"/> N/A
Buffy coat #1 specimen number (Last four digits): _____		Buffy coat #1 volume: _____ mL	
Buffy coat #2 specimen number (Last four digits): _____	<input type="checkbox"/> N/A	Buffy coat #2 volume: _____ mL	<input type="checkbox"/> N/A
Buffy coat #3 specimen number (Last four digits): _____	<input type="checkbox"/> N/A	Buffy coat #3 volume: _____ mL	<input type="checkbox"/> N/A
Time aliquots frozen: _____ [HHMM]		Storage temperature of freezer: _____ °C	
Notes: _____			

# Blood Sample and Shipment Notification Form



A copy of the sample form *must* be emailed or faxed to NCRAD prior to the date of sample arrival.



Please include sample forms in all shipments of frozen samples.



Email: [alzstudy@iu.edu](mailto:alzstudy@iu.edu)

# Noncomformance Issues



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Non-Conformance	Solution
Low volume aliquots	Put cryovials in a row, aliquoting in order until sample is depleted
Tubes received frozen at an angle/inverted	Carefully place tubes upright in freezer and in shipper
Aliquots are not labeled or labeled incorrectly	Refer to training or MOP for correct label placement. Save all labels until samples are packed for shipping.
All frozen samples for one participant are not sent within one shipment box	Keep plasma and buffy coat for individual participants together. Use one cryobox per participant
Fields on Blood Sample and Shipment Form left blank or incorrect data is given	Complete Blood Sample and Shipment Form during participant's study visit while samples are processed
Blood Sample and Shipment Forms are not e-mailed or faxed to NCRAD before shipment arrives	Make copy of participants completed form after visit and save until shipment.

# NCRAD Website



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# NCRAD Website: Helpful Pages

<https://ncrad.org/contact/holiday-closures>

Date	Holiday
January 1	New Year's Day
3 <sup>rd</sup> Monday in January	Martin Luther King, Jr Day
4 <sup>th</sup> Monday in May	Memorial Day
June 19	Juneteenth
July 4	Independence Day
1 <sup>st</sup> Monday in September	Labor Day
4 <sup>th</sup> Thursday in November	Thanksgiving
4 <sup>th</sup> Friday in November	Friday after Thanksgiving
December 25	Christmas Day
December 26-31	Winter Break

<https://ncrad.org/contact/shipping-resources>

## SHIPPING RESOURCES

### Shipping Address

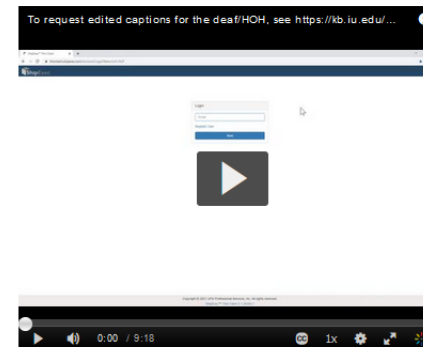
NCRAD  
Indiana University School of Medicine  
351 W. 10th St TK-217  
Indianapolis, IN 46202

### UPS Shipping Resources

To generate air waybills and schedule UPS pickups for shipments to NCRAD, please visit the UPS ShipExec™ Thin Client [website](#).

For instructions on how to use the UPS ShipExec™ Thin Client website, please refer to the [NCRAD UPS ShipExec™ Thin Client Guide](#).

### Navigating UPS ShipExec™



# Contact Information

Mica  
Gosnell

- Phone: (317) 274-7423
- E-mail: [gosnellm@iu.edu](mailto:gosnellm@iu.edu)

General  
NCRAD  
Contact

- Phone: (800) 526-2839
- E-mail: [alzstudy@iu.edu](mailto:alzstudy@iu.edu)
- Website: [www.ncrad.org](http://www.ncrad.org)