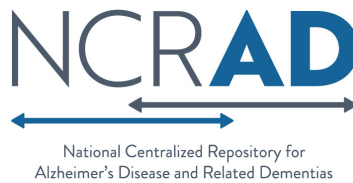


Risk Factors for Future Cognitive Decline and Alzheimer's Disease in Older African Americans (Pathways) Study

and

The National Centralized Repository for Alzheimer's Disease and Related Dementias (NCRAD)

Biofluids Collection Training Slides



1

Contact Information

- Questions?

Please contact NCRAD Coordinators at:

- Phone: 1-800-526-2839 or 317-278-1133
- E-mail: alzstudy@iu.edu or agericks@iu.edu
- Website: www.ncrad.org



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Training Overview

- Specimen Collection Schedule
- Kit Request Module
- Specimen Labels
- Handling/Processing Study Specimens
- Sample Shipping
- NCRAD Website
- Questions

3

Specimen Collection Schedule

Collection Tube	Drawn At	Specimen Type	Aliquot Volume	Total Number of Aliquots	Shipping Temperature
3 EDTA (Purple-Top) Blood Collection Tubes (10 ml)	All Visits	Plasma	1.5 ml plasma aliquots	Up to 10	Frozen
1 EDTA (Purple-Top) Blood Collection Tube (6 ml)	All Visits	Whole Blood (for DNA)	N/A	N/A	Frozen

4

The screenshot shows the NCRAD website. The header includes the NCRAD logo (National Centralized Repository for Alzheimer's Disease and Related Dementias) and navigation links: ABOUT, BANK SAMPLES, ACCESS SAMPLES, BIOMARKER ANALYSIS, COORDINATE STUDIES (highlighted), GENETICS & FAMILIES, and CONTACT. There are 'Donate' and 'Get Updates' buttons. The main content area is titled 'THE PATHWAYS ACTIVE STUDY PAGE' and includes a welcome message for PATH Study staff, coordinators, and PI's. A sidebar lists various study categories: PATH, NIA-AD FBS, NAPS2, LEADS, APOE, 4RTNI-2, 90+ Study, ABC-DS, ACAD, and ACE. A 'SPECIMEN COLLECTION OVERVIEW' table is partially visible.

COORDINATE STUDIES

- PATH
- NIA-AD FBS
- NAPS2
- LEADS
- APOE
- 4RTNI-2
- 90+ Study
- ABC-DS
- ACAD
- ACE

THE PATHWAYS ACTIVE STUDY PAGE

Welcome PATH Study staff, coordinators, and PI's.

This section encompasses study specific tools and videos for your reference. If you have any questions, comments, or new ideas please contact NCRAD by **email** or phone **1-800-526-2839** or directly at **317-278-8413**.

SPECIMEN COLLECTION OVERVIEW

COLLECTION TUBE	DRAWN AT	SPECIMEN TYPE	ALIQUOT VOLUME	TOTAL NUMBER OF ALIQUOTS	SHIPPING TEMPERATURE
-----------------	----------	---------------	----------------	--------------------------	----------------------

5


Kit Request Module

<https://redcap.uits.iu.edu/surveys/?s=AJYP4X7MMKRNWTD3>

- Kits and individual supplies available to order:
 - Blood Collection Kit
 - Blood Supplemental Kit
 - Frozen Shipping Kit
 - Individual Supplies

NCRAD

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PATH Study Kit Request System
AAA

Kit Request Module

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.

1. The coordinator name and contact information will populate.
2. Verify that this information is correct.
3. If needed, update information

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

* must provide value

ATTN: Robert Perna
Rutgers University
197 University Avenue, Suite 209
Newark, New Jersey 07102

Phone:
Email: rjp276@newark.rutgers.edu

Is the contact name above correct? Yes
 No

* must provide value [reset](#)

Is the e-mail address above correct? Yes
 No

* must provide value [reset](#)

Is the shipping address for kit delivery above correct? Yes
 No

* must provide value [reset](#)

7

Kit Request Module

ATTN: Robert Perna
Rutgers University
197 University Avenue, Suite 209
Newark, New Jersey 07102

Phone:
Email: rjp276@newark.rutgers.edu

Is the contact name above correct? Yes
 No

* must provide value [reset](#)

New Contact Name

* must provide value

Is the e-mail address above correct? Yes
 No

* must provide value [reset](#)

New E-mail Address


* must provide value

Is the shipping address for kit delivery above correct? Yes
 No

* must provide value [reset](#)

New Shipping Address

* must provide value [Expand](#)



8

Kit Request Module

1. Verify the address from where samples will be shipped out.
2. If needed, update information

Samples delivered to NCRAD will be shipped from the address below. Is this correct? Yes No reset

197 University Avenue, Suite 209
Newark, New Jersey 07102

* must provide value



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Kit Request Module

- Indicate the quantity of Blood Kits needed.
- Kit components are listed for your convenience.

Blood Kit Quantity (11015)

Blood Kit Contents:

- 3 x EDTA (purple-top) blood collection tube (10 ml) - CT001
- 1 x EDTA (purple-top) blood collection tube (6 ml) - CT003
- 9 x Cryovial (2.0 ml) with purple cap - CV027
- 1 x Cryovial (2.0 ml) with clear cap - CV014
- 14 x Preprinted Collection Tube and Aliquot Labels (13x plasma and 1x DNA) - LB003
- 3 x Preprinted Kit Number Sequence ID (1 for sample form, 1 for cryobox, 1 extra) - LB003
- 5 x Label for handwritten Sequence ID (3 for 10ml EDTAs, 1 for 6ml EDTA, 1 extra) - LB003
- 1 x Disposable graduated transfer pipettes (3 ml) - CV015
- 1 x Unwrapped 50ml conical - CV019
- 1 x Bubble wrap tube sleeve - SH032
- 1 x Resealable Bag - ST002
- 1 x kit bag label - LB006

Image of Blood Kit (11015)

The image displays the contents of a blood kit: three 10ml EDTA tubes, one 6ml EDTA tube, nine purple-capped cryovials, one clear-capped cryovial, a 3ml pipette, a 50ml conical tube, a bubble wrap sleeve, a resealable bag, and a kit bag label. The label includes fields for PATH (0001234567), FL (45678), Kit # (300001), DNA (0001234567), Sequence ID (X 5), PATH (X 1), Kit Number (X 3, 300001), and a barcode.

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Kit Request Module

- Supplemental kits should primarily be ordered at study start up, and rarely throughout the course of the study.
- Kit components are listed for your convenience.

Supplemental kit Quantity (11016)

**Only needed at study start up*

Supplemental kit contents:

- 9 x EDTA (purple-top) blood collection tube (10 ml) - CT001
- 3 x EDTA (purple-top) blood collection tube (6 ml) - CT003
- 27 x Cryovial (2.0 ml) with purple cap - CV027
- 3 x Cryovial (2.0 ml) with blue cap - CV034
- 12 x Label for handwritten Sequence ID - LB003
- 2 x 25 cell Cryovial box - CV005
- 3 x Disposable graduated transfer pipettes (3 ml) - CV015
- 3 x unwrapped 50ml conical - CV019
- 3 x Bubble wrap tube sleeves - SH032
- 1 x Resealable bag - ST002
- 1 x kit bag label - LB006

Image of Supplemental kit (11016)



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Kit Request Module

- Frozen shipping kits can be ordered for samples shipping back to NCRAD
- Kit components are listed for your convenience.

Frozen Blood Shipping Supply Kit Quantity (10719)

**will fit samples from 16 subjects (8 x 25-cell cryoboxes with samples from 2 subject visits per box)*

Frozen Blood Shipping Supply Kit Contents:

- 8 x Plastic Biohazard bag with absorbent sheet (small) - SH015
- 8 x 25 cell Cryovial box (put samples from 3 participants per cryobox) - CV005
- 1 x Shipping pouch - SH058
- 1 x Shipping box/Styrofoam container - SH003
- 1 x Un3373 Label - LB008
- 1 x Fragile Label - SH048
- 1 x Dry Ice Label - LB016
- 1 x Resealable bag - ST002
- 1 x kit bag label - LB006
- 1 x 6" x 9" resealable bag - ST016

Image of Frozen Blood Shipping Supply Kit Quantity (10719)



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Kit Request Module

- If individual supplies are needed, select yes, and then select the correct quantity of supplies needed
- Extra PATH Sequence ID Labels can also be ordered

Sequence ID

PATH _____

PATH Sequence ID Labels (LB003)

Do you need Extra Supplies?	
* must provide value	
25 cell Cryobox (CV005)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Cryovial tubes (2.0 ml) with lavender cap (CV027)	<input type="radio"/> 5 <input type="radio"/> 10 <input type="radio"/> 25
Cryovial tubes (2.0 ml) with clear cap (CV014)	<input type="radio"/> 5 <input type="radio"/> 10
Cryovial tubes (2.0 ml) with blue cap (CV034)	<input type="radio"/> 5 <input type="radio"/> 10 <input type="radio"/> 25
UN3373 labels (LB008)	<input type="radio"/> 5 <input type="radio"/> 10
Biohazard label (LB009)	<input type="radio"/> 5 <input type="radio"/> 10
Dry ice shipping label LB016 (LPS)	<input type="radio"/> 5 <input type="radio"/> 10
Shipping container for dry ice shipment (shipping and styrofoam box) (Med Frozen Shipper-Lg brain box SH003)(Exterior size: 16 x 16 x 15 1/2") (SH003)	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Plastic Biohazard bag with absorbent sheet (small) (SH015)	<input type="radio"/> 5 <input type="radio"/> 10
Disposable graduated transfer pipette (CV015)	<input type="radio"/> 5 <input type="radio"/> 10
EDTA (Lavender-Top) Blood Collection Tube (10 ml) (CT001)	<input type="radio"/> 5 <input type="radio"/> 10 <input type="radio"/> 15
Warning label packet (fragile sticker, dry ice sticker and un3373 sticker) (SH045, LB016 & LB009)	<input type="radio"/> 5 <input type="radio"/> 10
Fine Point Sharpies (packs of 4) (CS001 x 4)	<input type="radio"/> 1 <input type="radio"/> 5
Shipping Pouches (SH058)	<input type="radio"/> 1 <input type="radio"/> 5

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Kit Request Module

- Please allow 3 weeks for your order to be processed.
- Add any relevant comments
- Click "Submit" to turn in your request.
- The IU staff will notify you that your request has been received and address any issues.

Our standard shipping time for all orders is 3 weeks.

We can ship this kit request by: 02-15-2024

If you need any supplies in this order prior to 02-15-2024, you must contact the NCRAD coordinator for this study: agericks@iu.edu.

Comments

Expand



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Kit Request Module

- You are responsible for ordering kits and maintaining supplies on site for scheduled participants.
- To order kits, sites will use the Indiana University online kit ordering module: <https://redcap.uits.iu.edu/surveys/?s=AJYP4X7MMKRNWTD3>
- Allow around **3 weeks** for your order to be processed and shipped.

Specimen Labels

Specimen Labels

- Label type summary:
 - Kit Number Labels
 - Sequence ID Labels
 - Collection and Aliquot Tube Labels
 - Differ by specimen type
- All labels are provided in the kits

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Specimen Labels: Kit Number Labels

- Used to track patient samples and provide quality assurance
- Will be placed on:
 - Biological Sample and Shipment Notification Form
 - Outside of cryobox(es) that houses aliquot tubes during storage and shipment



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Specimen Labels: Sequence ID Labels

- Participants will be identified by their Sequence ID
- Sites will be responsible for handwriting the IDs on the provided labels
 - Fill in labels prior to adhering to tubes
 - Must use fine-point marker
- Placed on the blood collection tubes:
 - 3 x EDTA (Purple-Top) 10 ml Blood Collection Tubes
 - 1 x EDTA (Purple-Top) 6 ml Blood Collection Tube

Sequence ID

PATH _____

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Specimen Labels: Collection & Aliquot Tube Labels

The diagram shows a specimen label with the following fields and callouts:

- PATH**: Study Name
- 0001234567**: Specimen Number (Assigned by NCRAD)
- PLASMA**: Sample Type (Plasma or DNA)
- Kit #: 300001**: Kit # (Assigned by NCRAD and unique to the participant and visit)

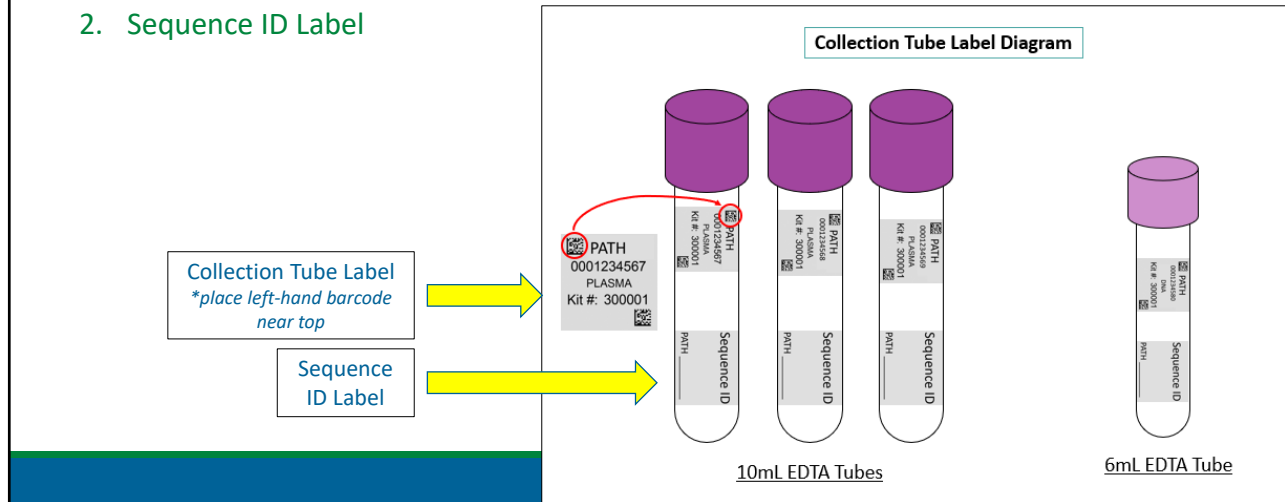
Each field is accompanied by a yellow arrow pointing to its corresponding label text.

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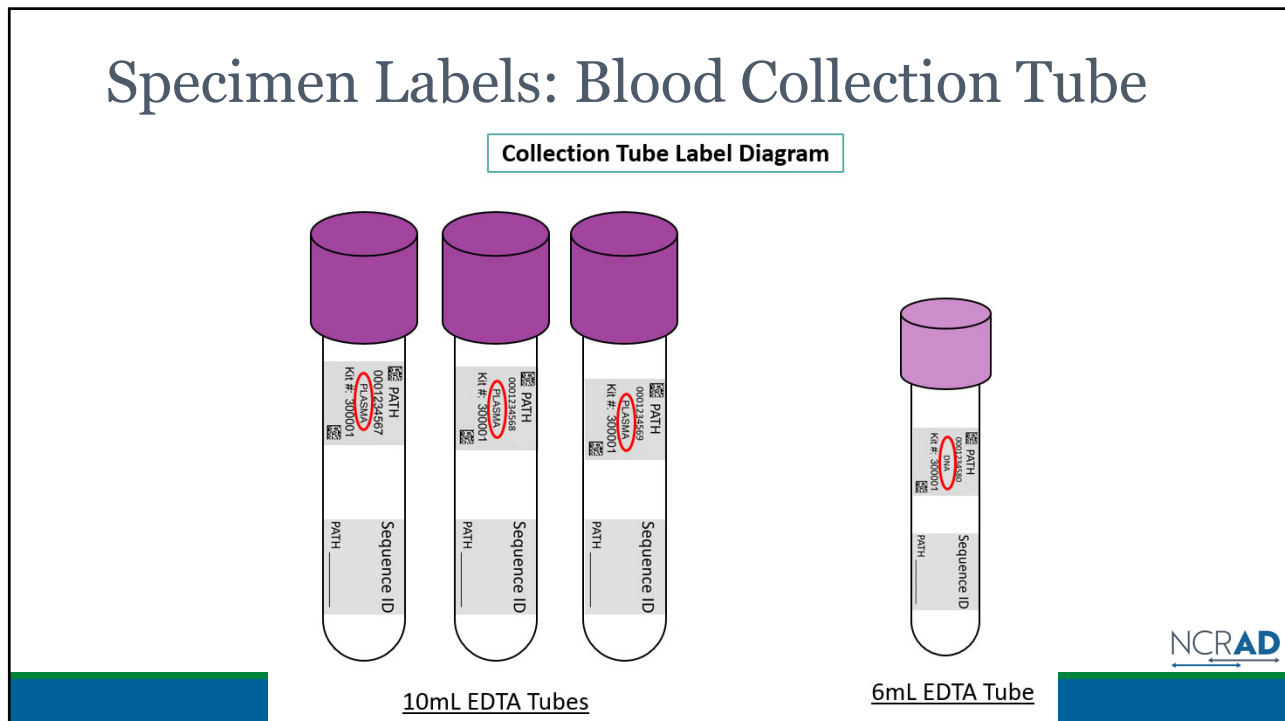
Specimen Labels: Blood Collection Tube

- EDTA 10ml and 6ml blood collection tubes will have two labels:
 1. Collection & Aliquot Tube Label
 2. Sequence ID Label



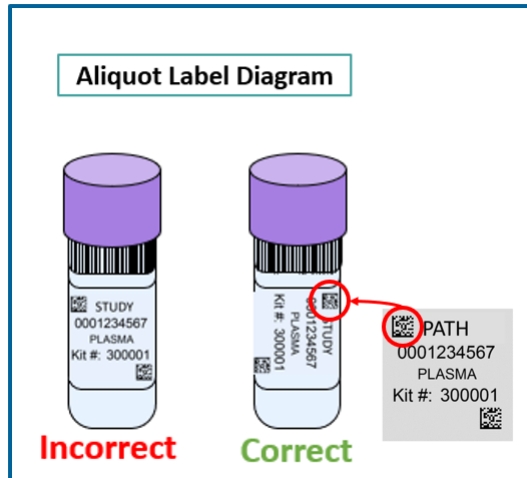
21

Specimen Labels: Blood Collection Tube



22

Specimen Labels: Plasma Aliquot Tubes



- Each 2ml cryovial will have one label: **Collection & Aliquot Tube Label**
- Purple & blue cap cryovials should have a collection & aliquot tube label with **PLASMA** on it.
- Place the left-hand barcode near the cap

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Specimen Labels – Provided in Blood Kit

<p>Kit Number</p> <p>300001</p> <p>3 x Kit Number Labels</p> <ul style="list-style-type: none"> • Place one on the Sample Form. • Place the other on the outside of the cryobox holding the samples • There will also be one extra label 	<p>13 x Collection and Aliquot Tube Label - PLASMA</p> <p>0001234568 PLASMA Kit #: 300001</p> <ul style="list-style-type: none"> • Place the 3 labels with the lowest specimen numbers on the 10mL EDTA purple-top blood collection tubes • Place the next 9 on the purple-top cryovials • Place the label with the highest specimen number on the blue-top cryovial
<p>Sequence ID</p> <p>PATH _____</p> <p>5 x Sequence ID Label</p> <ul style="list-style-type: none"> • Place on the 3 x 10mL EDTA purple-top blood collection tubes and the 1 x 6mL EDTA purple-top blood collection tube • There will also be one extra label 	<p>1 x Collection and Aliquot Tube Label – DNA</p> <p>0001234580 DNA Kit #: 300001</p> <ul style="list-style-type: none"> • Place the label on the 6mL EDTA purple-top blood collection tube

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Specimen Labels: Labeling Biologic Samples

- Label all collection and aliquot tubes before collecting, processing or freezing samples.
- Label only 1 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.

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Handling/ Processing Study Specimens

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Site Required Equipment

- Blood Collection/Safety Equipment:
 1. Personal Protective Equipment (PPE)
 - Lab Coat, Safety Glasses
 2. Tourniquet
 3. Alcohol Prep Pad
 4. Gauze Pad
 5. Butterfly Needles
 6. Bandage
 7. Sharps Bin and Lid
- Processing/Storage Equipment:
 1. Centrifuge capable of ≥ 2000 xg
 2. -80°C Freezer
- Shipping Equipment:
 1. Dry ice pellets

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Blood Collection & Processing: Sample Collection Tube

3 x 10ml EDTA (Lavender-Top) Tube



1 x 6ml EDTA (Lavender-Top) Tube



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Blood Collection & Processing: Aliquot Cryovials & Cap Colors

Cap Color	Sample Type
Lavender Cap	Plasma
Blue Cap	Residual plasma



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Plasma Preparation (10mL EDTA Tube x 3)

- Store tubes at room temp
- Each tube should be labeled with Collection Tube and PTID labels.
- Collect Blood into 3 EDTA tubes, allowing blood to flow for 10 seconds and ensuring blood flow has stopped.
- Immediately after blood draw, invert tubes 8-10 times to mix samples.
- Centrifuge sample at 2000 x g for 10 minutes at room temperature (20°C).

- Pool all plasma from the 3 EDTA tubes into a 50mL conical tube and invert gently 3 times to mix the plasma.
- Label purple-capped cryovials with "PLASMA" labels.
- Using a transfer pipette Aliquot 1.5 ml of plasma into each cryovial.
- If residual aliquot is created, use the blue-capped cryovial and a "PLASMA" label. Document specimen number and volume on Sample Form
- Store plasma aliquots upright at -80°C until shipment to NCRAD

Ensure tubes are not expired prior to blood draw

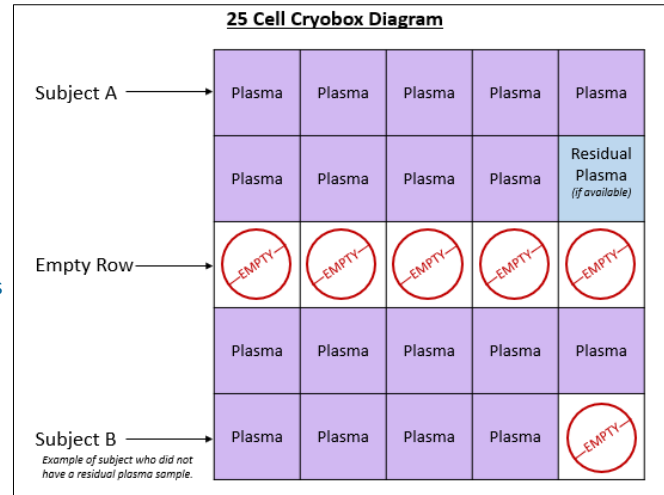
Spin, aliquot, and freeze all plasma aliquots within 2 hours of collection

Please be sure to compare the labels on each tube and cryovials to the Biological Sample Form included with each kit

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Sample Packaging

- Place the labeled, filled cryovials in a 25 cell cryobox.
- Label the cryobox lid with a Kit Number Label.
- Place samples from 2 participant visits per 25 cell cryobox.
- Ensure all labeled and frozen plasma aliquots from a single participant visit are grouped within two consecutive rows in a cryovial box.
- An empty row should separate one participant's samples from another participant's samples.
- Place on pelleted dry ice and **Transfer to -80°C Freezer when possible.**
- Store all samples at -80°C until shipped to NCRAD on pelleted dry ice.



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Sample Packaging

- Cryoboxes should contain samples from 2 participant visits.
- Each participant visit will have up to 10 x Plasma Aliquots.
 - This means there should be no more than 20 samples per cryobox.



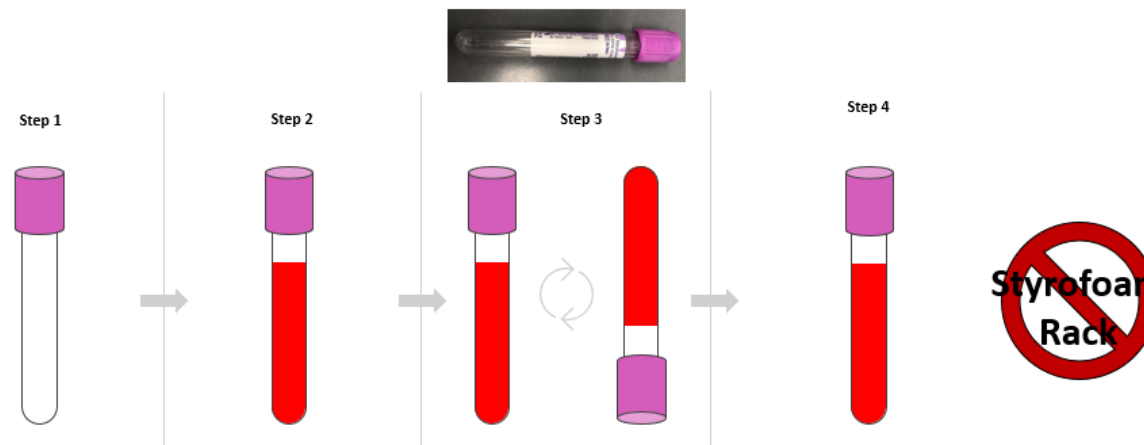
Photo outlining how to fit 2 Kit Number Labels onto one cryobox lid.



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Whole Blood Collection (1 x 6ml EDTA Purple Top Tube)



Step 1

- Store tubes at room temperature.
- Labels tubes with pre-printed subject labels prior to blood draw.

Step 2

- Collect blood in EDTA Tube allowing blood to flow for 10 seconds and ensuring blood flow has stopped.

Step 3

- Immediately after blood draw, invert tube 8-10 times to mix samples.

Step 4

- Immediately after inversion, freeze the sample in a -80°C freezer until shipment.

Ensure tubes are not expired prior to blood draw

****Please be sure to compare the labels on each tube and cryovials to the Biological Sample Form included with each kit****

Styrofoam Rack (with a red prohibition sign over it)

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Biological Sample and Shipment Notification Form

NCRAD

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Biological Sample and Shipment Notification Form

- Blood Collection for:
 - Plasma
 - Whole Blood for DNA
- Please make sure this form is filled out completely by the person collecting the samples AND the person processing.

Participant Sequence ID: PATH _____
Biological Sample and Shipment Notification Form
Please email or fax the form on or prior to the date of shipment.

To: Kelley Faber Email: alztstudy@iu.edu Phone: 1-800-526-2839

General Information:

Coordinator Name: _____ Kit Barcode: _____

Site Contact Phone: _____

Site Contact Email: _____

Date: _____

Study: AA AAL COV

Visit (circle one): 1 2 3 4 5 6 7 E

Subject Sex: M F

Subject Year of Birth: _____

Tracking #: _____

Blood Collection:

1. Date Drawn (MM/DD/YYYY): _____

2. Time of Drawn (24 hour clock): _____ [HHMM]

3. Last time subject ate (MM/DD/YYYY): _____

4. Last time subject at (24 hour clock): _____ [HHMM]

Blood Processing:

Plasma (3 x 10mL EDTA Lavender Top Tubes)

Original volume drawn (3x10 mL EDTA tubes): EDTA #1: _____ mL EDTA #2: _____ mL EDTA #3: _____ mL

Time spin started (24 hour clock): _____ [HHMM]

Duration of centrifuge: _____ minutes

Temp of centrifuge: _____ °C

Rate of centrifuge: _____ xG

Time aliquoted: _____ [HHMM]

Number of 1.5 mL plasma (purple-cap) aliquots created: _____

If applicable, volume of residual plasma aliquot (less than 1.5 mL-Blue cap): _____ mL or N/A

If applicable, specimen number of residual plasma aliquot (Last four digits): _____ or N/A

Time aliquots placed in freezer (24 hour clock): _____ [HHMM]

Storage temperature of freezer: _____ °C

Whole Blood for DNA (1 x 6mL EDTA Lavender Top Tube)

Original volume drawn (1x6 mL EDTA tube): _____ mL

Time tube placed in freezer (24 hour clock): _____ [HHMM]

Storage temperature of freezer: _____ °C

Notes: _____

Version 8.2024

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Biological Sample and Shipment Notification Form

- Participant Sequence ID will be in one of the three following formats: A###, L###, or C###
 - Participant Sequence ID format A### corresponds to study AA

Participant Sequence ID: PAT: A###

Biological Sample and Shipment Notification Form
Please email or fax the form on or prior to the date of shipment.

To: Kelley Faber Email: alztstudy@iu.edu Phone: 1-800-526-2839

General Information:

Coordinator Name: _____ Kit Barcode: _____

Site Contact Phone: _____

Site Contact Email: _____

Date: _____

Study: AA AAL COV

Visit (circle one): 1 2 3 4 5 6 7 E

Subject Sex: M F

Subject Year of Birth: _____

Tracking #: _____

Blood Collection:

1. Date Drawn (MM/DD/YYYY): _____

2. Time of Drawn (24 hour clock): _____ [HHMM]

3. Last time subject ate (MM/DD/YYYY): _____

4. Last time subject at (24 hour clock): _____ [HHMM]

Blood Processing:

Plasma (3 x 10mL EDTA Lavender Top Tubes)

Original volume drawn (3x10 mL EDTA tubes): EDTA #1: _____ mL EDTA #2: _____ mL EDTA #3: _____ mL

Time spin started (24 hour clock): _____ [HHMM]

Duration of centrifuge: _____ minutes

Temp of centrifuge: _____ °C

Rate of centrifuge: _____ xG

Time aliquoted: _____ [HHMM]

Number of 1.5 mL plasma (purple-cap) aliquots created: _____

If applicable, volume of residual plasma aliquot (less than 1.5 mL-Blue cap): _____ mL or N/A

If applicable, specimen number of residual plasma aliquot (Last four digits): _____ or N/A

Time aliquots placed in freezer (24 hour clock): _____ [HHMM]

Storage temperature of freezer: _____ °C

Whole Blood for DNA (1 x 6mL EDTA Lavender Top Tube)

Original volume drawn (1x6 mL EDTA tube): _____ mL

Time tube placed in freezer (24 hour clock): _____ [HHMM]

Storage temperature of freezer: _____ °C

Notes: _____

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Biological Sample and Shipment Notification Form

- Participant Sequence ID will be in one of the three following formats: A###, L###, or C###
 - Participant Sequence ID format L### corresponds to study AAL

Participant Sequence ID: PAT: **L###**

Biological Sample and Shipment Notification Form
Please email or fax the form on or prior to the date of shipment

To: Kelley Faber Email: alztstudy@iu.edu Phone: 1-800-526-2839

General Information:

Coordinator Name: _____ Kit Barcode: _____

Site Contact Phone: _____

Site Contact Email: _____

Date: _____

Study: AA AAL COV

Visit (Circle one): 1 2 3 4 5 6 7 E

Subject Sex: M F

Subject Year of Birth: _____

Tracking #: _____

Blood Collection:

1. Date Drawn (MM/DD/YYYY): _____

2. Time of Drawn (24 hour clock): _____ [HHMM]

3. Last time subject ate (MM/DD/YYYY): _____

4. Last time subject at (24 hour clock): _____ [HHMM]

Blood Processing:

Plasma (3 x 10mL EDTA Lavender Top Tubes)

Original volume drawn (3x10 mL EDTA tubes): EDTA #1: _____ mL EDTA #2: _____ mL EDTA #3: _____ mL

Time spin started (24 hour clock): _____ [HHMM]

Duration of centrifuge: _____ minutes

Temp of centrifuge: _____ °C

Rate of centrifuge: _____ xg

Time aliquoted: _____ [HHMM]

Number of 1.5 mL plasma (purple-cap) aliquots created: _____

If applicable, volume of residual plasma aliquot (less than 1.5 mL-Blue cap): _____ mL or N/A

If applicable, specimen number of residual plasma aliquot (Last four digits): _____ or N/A

Time aliquots placed in freezer (24 hour clock): _____ [HHMM]

Storage temperature of freezer: _____ °C

Whole Blood for DNA (1 x 6mL EDTA Lavender Top Tube)

Original volume drawn (1x6 mL EDTA tube): _____ mL

Time tube placed in freezer (24 hour clock): _____ [HHMM]

Storage temperature of freezer: _____ °C

Notes: _____

Version 8.2024

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Biological Sample and Shipment Notification Form

- Participant Sequence ID will be in one of the three following formats: A###, L###, or C###
 - Participant Sequence ID format C### corresponds to study COV

Participant Sequence ID: PAT: **C###**

Biological Sample and Shipment Notification Form
Please email or fax the form on or prior to the date of shipment

To: Kelley Faber Email: alztstudy@iu.edu Phone: 1-800-526-2839

General Information:

Coordinator Name: _____ Kit Barcode: _____

Site Contact Phone: _____

Site Contact Email: _____

Date: _____

Study: AA AAL COV

Visit (Circle one): 1 2 3 4 5 6 7 E

Subject Sex: M F

Subject Year of Birth: _____

Tracking #: _____

Blood Collection:

1. Date Drawn (MM/DD/YYYY): _____

2. Time of Drawn (24 hour clock): _____ [HHMM]

3. Last time subject ate (MM/DD/YYYY): _____

4. Last time subject at (24 hour clock): _____ [HHMM]

Blood Processing:

Plasma (3 x 10mL EDTA Lavender Top Tubes)

Original volume drawn (3x10 mL EDTA tubes): EDTA #1: _____ mL EDTA #2: _____ mL EDTA #3: _____ mL

Time spin started (24 hour clock): _____ [HHMM]

Duration of centrifuge: _____ minutes

Temp of centrifuge: _____ °C

Rate of centrifuge: _____ xg

Time aliquoted: _____ [HHMM]

Number of 1.5 mL plasma (purple-cap) aliquots created: _____

If applicable, volume of residual plasma aliquot (less than 1.5 mL-Blue cap): _____ mL or N/A

If applicable, specimen number of residual plasma aliquot (Last four digits): _____ or N/A

Time aliquots placed in freezer (24 hour clock): _____ [HHMM]

Storage temperature of freezer: _____ °C

Whole Blood for DNA (1 x 6mL EDTA Lavender Top Tube)

Original volume drawn (1x6 mL EDTA tube): _____ mL

Time tube placed in freezer (24 hour clock): _____ [HHMM]

Storage temperature of freezer: _____ °C

Notes: _____

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Biological Sample and Shipment Notification Form

- Participant Sequence ID will be in one of the three following formats: A###, L###, or C###
 - Participant Sequence ID format A### corresponds to study AA
 - Participant Sequence ID format L### corresponds to study AAL
 - Participant Sequence ID format C### corresponds to study COV
- No other combination of Participant Sequence ID and Study should be used.
- If a form is received where the Participant Sequence ID is in the format A###, but the study chosen is **NOT** AA, our team will flag this as an error and follow up with you.

Participant Sequence ID: PAT

Biological Sample and Shipment Notification Form
Please email or fax the form on or prior to the date of shipment

To: Kelley Faber Email: alzstudy@iu.edu Phone: 1-800-526-2839

General Information:		Kit Barcode: _____
Coordinator Name: _____		
Site Contact Phone: _____		
Site Contact Email: _____		
Date: _____		
Study: <input type="checkbox"/> AA <input type="checkbox"/> AAL <input type="checkbox"/> COV		
Visit (circle one): 1 2 3 4 5 6 7 E 		
Subject Sex: <input type="checkbox"/> M <input type="checkbox"/> F		
Subject Year of Birth: _____		
Tracking #: _____		
Blood Collection:		
1. Date Drawn (MM/DD/YYYY): _____		
2. Time of Drawn (24 hour clock): _____ [HHMM]		
3. Last time subject ate (MM/DD/YYYY): _____		
4. Last time subject at (24 hour clock): _____ [HHMM]		
Blood Processing:		
Plasma (3 x 10mL EDTA Lavender Top Tubes)		
Original volume drawn (3x10 mL EDTA tubes): EDTA #1: _____ mL EDTA #2: _____ mL EDTA #3: _____ mL		
Time spin started (24 hour clock): _____ [HHMM]		
Duration of centrifuge: _____ minutes		
Temp of centrifuge: _____ °C		
Rate of centrifuge: _____ xg		
Time aliquoted: _____ [HHMM]		
Number of 1.5 mL plasma (purple-cap) aliquots created: _____		
If applicable, volume of residual plasma aliquot (less than 1.5 mL Blue cap): _____ mL or □ N/A		
If applicable, specimen number of residual plasma aliquot (Last four digits): _____ or □ N/A		
Time aliquots placed in freezer (24 hour clock): _____ [HHMM]		
Storage temperature of freezer: _____ °C		
Whole Blood for DNA (1 x 6mL EDTA Lavender Top Tube)		
Original volume drawn (1x6 mL EDTA tube): _____ mL		
Time tube placed in freezer (24 hour clock): _____ [HHMM]		
Storage temperature of freezer: _____ °C		
Notes: _____		

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Biological Sample and Shipment Notification Forms

- A scanned copy of the sample form *must* be emailed to NCRAD prior to the date of sample arrival: alzstudy@iu.edu
- Please include a hard copy of sample forms in all shipments of frozen samples.

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Sample Shipping

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Frozen Shipping: Guidelines

- **Ship Monday-Wednesday Only**
- Hold packaged samples in a -80°C freezer until pickup.
- Batch Samples together
 - Up to 8 Cryoboxes
 - **Batch shipping should be performed every month or as a full shipment of specimens accumulates, whichever is sooner.**

The logo for NCRAD, consisting of the letters "NCRAD" in a bold, sans-serif font. The "A" is stylized with a horizontal line through it. The logo is positioned in the bottom right corner of the slide.

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Sample Shipping Summary

Collection Tube	Drawn At	Specimen Type	Aliquot Volume	Total Number of Aliquots	Shipping Temperature
3 EDTA (Purple-Top) Blood Collection Tubes (10 ml)	All Visits	Plasma	1.5 ml plasma aliquots	Up to 10	Frozen
1 EDTA (Purple-Top) Blood Collection Tube (6 ml)	All Visits	Whole Blood	N/A	N/A	Frozen

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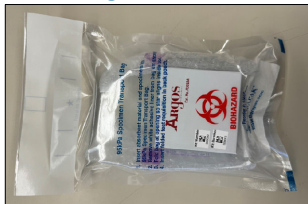
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Frozen Shipping

1. Place the frozen, filled, and labeled 6mL EDTA tube into the bubble wrap tube sleeve.



1. Place cryovial box and the 2 x bubbled-wrapped 6mL EDTA tubes from the corresponding visits in a clear biohazard bag. Place a filled cryobox in a biohazard bag.



2. Seal biohazard bag according to the instructions on the bag.

IMPORTANT: Place only ONE cryobox and TWO 6ml EDTA tubes per Biohazard bag.

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Shipping Dry Ice Requirements

- Each Styrofoam shipper can hold 8 cryoboxes.
- Place approximately 2-3 inches of pelleted dry ice in the bottom of the Styrofoam shipping container.
- Place the biohazard bags into the Styrofoam-lined shipping container on top of the pelleted dry ice.
- Please ensure that cryovial boxes are placed so the cryovials are upright.
- Completely fill the inner Styrofoam with pelleted dry ice pellets to ensure the frozen state of the specimens during transit.
- Each Styrofoam shipper should contain about 45 lbs (20 kg) of pelleted dry ice.

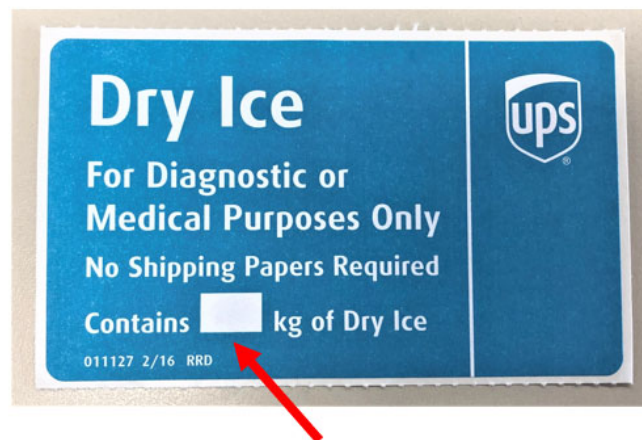


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Shipping: Dry Ice Requirements

- Package must be labeled with a UPS Dry Ice Label
- Class 9 Dry Ice label should not be covered with other stickers and must be completed, or the shipping carrier will reject/return your package!
- Fill out the amount of dry ice in the package



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Shipping Frozen Samples

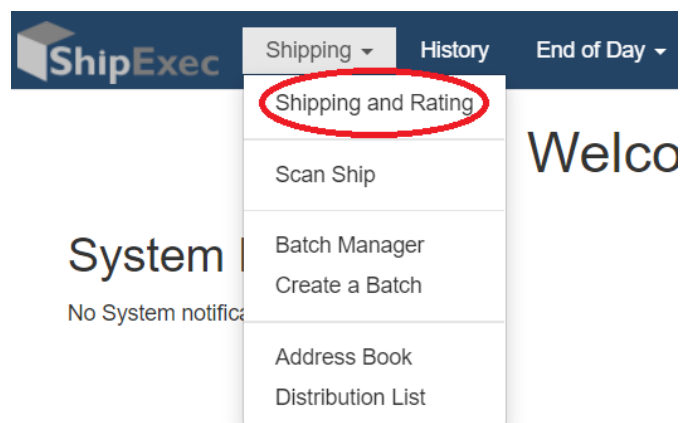
- Scan the *Biological Sample and Shipment Notification Form* and email it to alzstudy@iu.edu ahead of the shipment.

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Shipping Frozen Samples

- Log in to ShipExec™ Thin Client:
<https://kits.iu.edu/ups>
- Click on the “Shipping” dropdown and click on “Shipping and Rating”



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Shipping Frozen Samples

- Select your study from the “Study Group” drop down on the right side of the main screen (PATH). Choosing your study will automatically filter the address book to only addresses within this study.
- Click on the magnifying glass icon in the “Ship From” section to search for your shipping address.

The logo for NCRAD, consisting of the letters "NCRAD" in a blue, sans-serif font. The "AD" is slightly larger and more prominent than the "NCR".

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Shipping Frozen Samples

- Enter Package Information
 - Enter the total weight of your package
 - Enter the pelleted dry ice weight
- Click **Ship** in the bottom right of the page when complete.
- Click the blue **Pickup Request** button to schedule a UPS pickup. Enter the earliest pickup time and latest pickup time in 24-hr format.
- Click **Save**.

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Shipping Frozen Samples

- Print the airbill that is automatically downloaded.
- Fold airbill, and place inside plastic UPS sleeve. Peel the back off of the UPS sleeve and stick the sleeve to the top of the package. Do NOT overlap other labels or package seams.

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Shipping Regulations and Training

PLEASE NOTE:

- All study personnel responsible for shipping should be certified in biospecimen shipping.
- It is the responsibility of each site to ensure that the appropriate training has been provided and conducted in regards to IATA shipping.

Please see following slides for resources.

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Federal Regulations/Training

- Sites are responsible for ensuring proper training is obtained.
- Current federal and international regulations require anyone directly involved with the shipment of potentially infectious materials and other regulated biological materials (including biological specimens and cultures) **be properly trained on pertinent shipping requirements.**

- **International Air Transport Association (IATA) Training**

DGI Training Center 800-338-2291 DGItraining.com Provides IATA Certified Air Seminars and online courses	IATA Training Schools North America 1(514)390-6726 Europe, Africa & Middle East 41 (22) 799 2751 Asia, Australia & the Pacific 65 239 7232 www.iata.org Training schools located in 30 countries
Saf-T Pak Inc. www.saftpak.com Provides dangerous goods training via CD or on-site instruction for North America and Europe	



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UN3373 Biological Substance, Category B Training

- Biological Substance, Category B are specimens being transported for “investigational purposes”
- Recommend: investigator sites document training of category B/dangerous goods
- We recommend establishing a record of your staff’s training and date of instruction
- The training records must be made available upon request by the appropriate national authority
 - Additional information from the Department of Transportation (DOT) can be found on their website <http://hazmat.dot.gov>



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NCRAD Website

Helpful Pages:

- https://ncrad.org/holiday_closures.html

HOLIDAY CLOSURES	
DATE	HOLIDAY
January 1	New Year's Day
3 rd Monday in January	Martin Luther King, Jr Day
4 th Monday in May	Memorial Day
June 19	Juneteenth (observed)
July 4	Independence Day (observed)
1 st Monday in September	Labor Day
4 th Thursday in November	Thanksgiving
4 th Friday in November	Friday after Thanksgiving
December 25	Christmas



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NCRAD Website: PATH Active Study Page

THE PATHWAYS ACTIVE STUDY PAGE

Welcome PATH Study staff, coordinators, and PI's.

This section encompasses study specific tools and videos for your reference. If you have any questions, comments, or new ideas please contact NCRAD by **email** or phone **1-800-526-2839** or directly at **317-278-8413**.



Training videos, manual of procedures, and sample form are available for reference on the PATH Active Study Page.



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Contact Information

- Questions?

Please contact NCRAD Coordinators at:

- Phone: 1-800-526-2839 or 317-278-1133
- E-mail: alzstudy@iu.edu or agericks@iu.edu
- Website: www.ncrad.org

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