NAPS CONSORTIUM

For REM Sleep Behavior Disorder

North American Prodromal Synucleinopathy (NAPS2)

&

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

Biofluids Collection Training Slides

NCRAD

National Centralized Repository for
Alzheimer's Disease and Related Dementias

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

Training Overview

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

Globally Unique Identifier (GUID)

- The GUID is a subject ID that allows researchers to share data specific to a study participant, without exposing personally identifiable information
- A GUID is made up of random alpha-numeric characters and does not include any PHI in the identifier

The GUID is required for NAPS2!

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Globally Unique Identifier (GUID)

1. Create an account: https://bricsguid.nia.nih.gov/portal/jsp/login.jsp
2. Once you have an account, go to the GUID Tool – Create GUID
3. To open the 'Launch GUID Tool' you will need to have Java installed on your device
4. When the GUID Tool is open, you will need all of the following information
   - Complete legal given (first)name of participant at **birth**
   - The participant's middle name, if applicable
   - Complete legal family (last) name of subject at **birth**
   - Day of birth
   - Month of birth
   - Year of birth
   - Name of city/municipality in which subject was born (Using an abbreviation for the name of the city matters and will result in 2 GUIDS for the same person (i.e. Saint Louis vs St. Louis, St. Paul vs Saint Paul) It is important to be consistent.
   - Country of birth

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Specimen Collection Schedule

	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Cycle 5	Cycle 6	Cycle 7	Cycle 8
Serum	X	X	X	X	X	X	X	X
Plasma	X	X	X	X	X	X	X	X
Buffy Coat	X	X	X	X	X	X	X	X
RNA	X	X	X	X	X	X	X	X
CSF*	X	X	X	X	X	X	X	X

*CSF collection highly encouraged for RBD group each cycle, but not mandatory. CSF collection is mandatory for Control group in Cycle 1 and optional in following cycles.

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Kit Request Module

www.kits.iu.edu/NAPS2

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NAPS2 ACTIVE STUDY PAGE

Welcome NAPS2 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

	VISIT 1	VISIT 2	VISIT 3	VISIT 4	VISIT 5
Serum	✓	✓	✓	✓	✓
Plasma	✓	✓	✓	✓	✓
Buffy Coat*	✓	✓	✓	✓	✓
RNA	✓	✓	✓	✓	✓
CSF*	✓	✓	✓	✓	✓

* CSF collection optional after visit 1

Study Resources

KIT REQUEST MODULE

Please follow the below link to access the Kit Request Module. This link will direct you to a REDCap database where study coordinators and staff may request kits, individual supplies, and/or labels. Study related sites will use the same link for ordering supplies related to blood-based samples and for CSF. Please allow a total of three weeks for kit requests to be compiled and delivered to your site.

Kit Request System →

BIOLOGICAL SAMPLE AND SHIPMENT NOTIFICATION FORMS

Please use the below downloadable forms to collect information on specimen patient demographics, collection, and processing. We respectfully ask that all completed forms be **emailed** prior to shipment. If you complete the form on the website, you can choose to have it emailed automatically to us. We also ask that all shipments include a hard copy of each sample form.

Blood Sample Form
CSF Sample Form

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Kit Request Module

- Kits and individual supplies available to order:
  - Blood Collection Kit
  - CSF Kit
  - LP 22 Gauge Kit
  - LP 24 Gauge Kit
  - Blood Supplemental Kit
  - CSF Supplemental Kit
  - Frozen Shipping Kit
  - Individual Supplies

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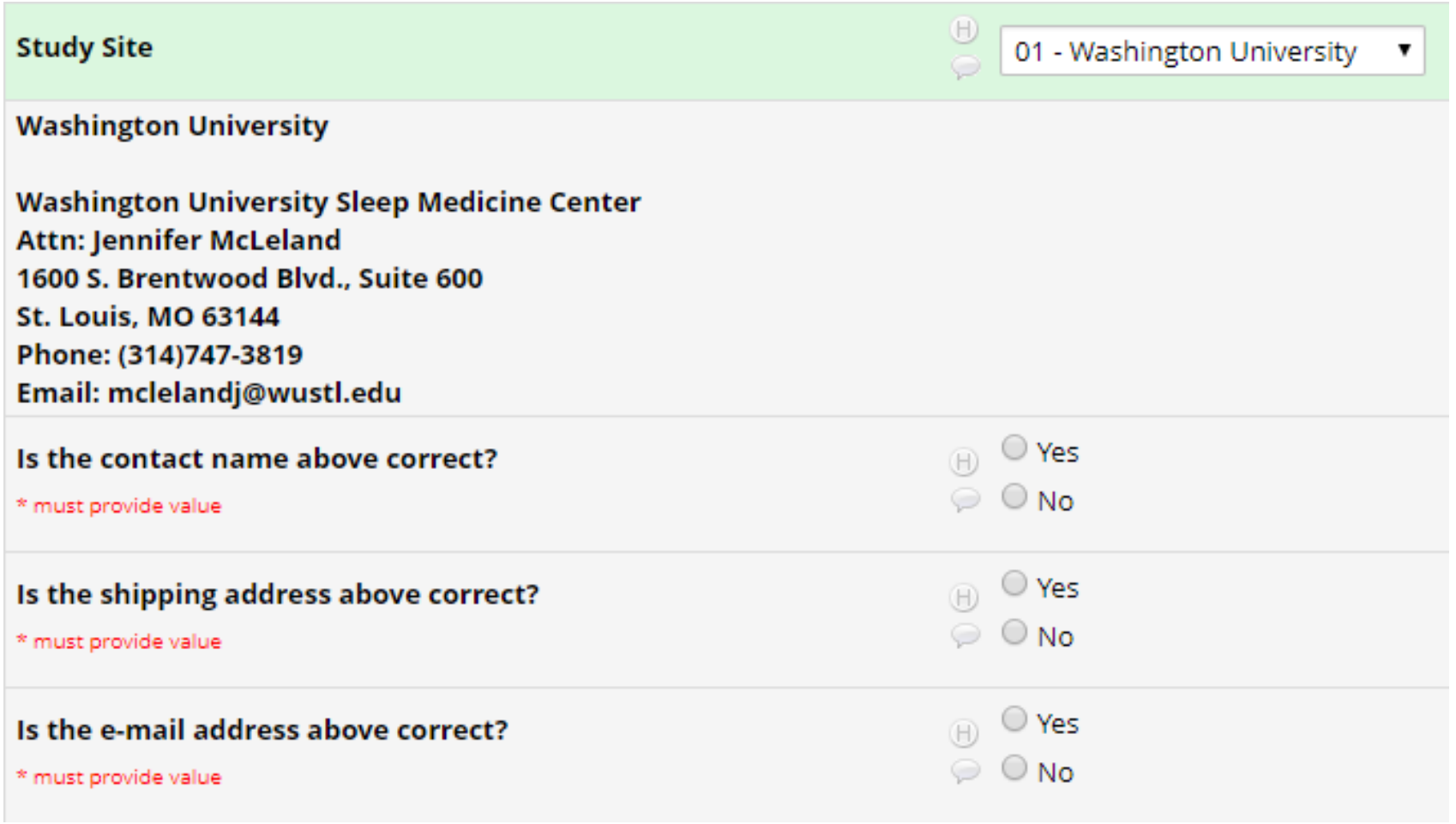
Kit Request Module

1. Choose your site from the drop-down list.
2. The coordinator name and contact information will populate.
3. Verify that this information is correct.



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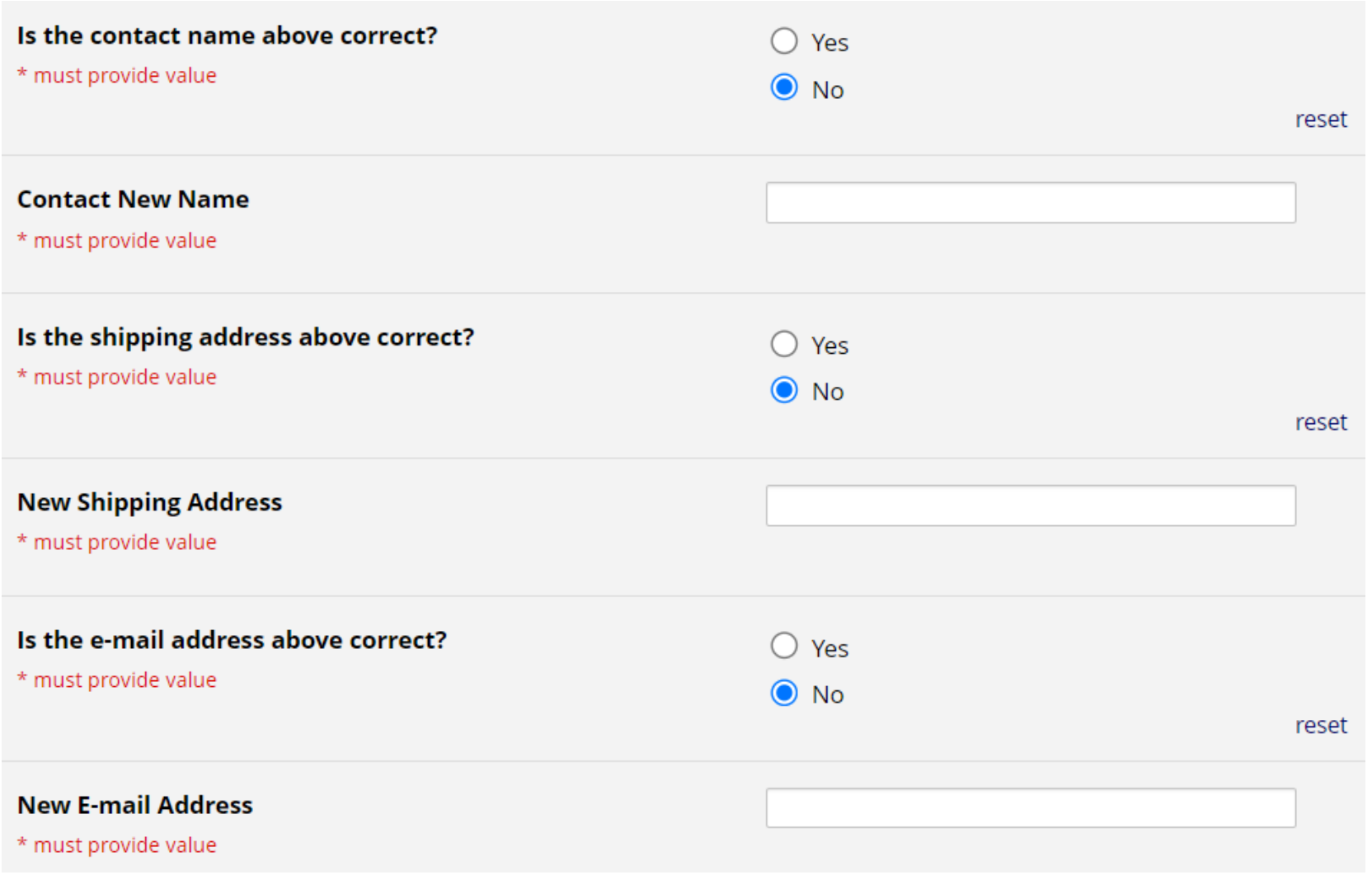
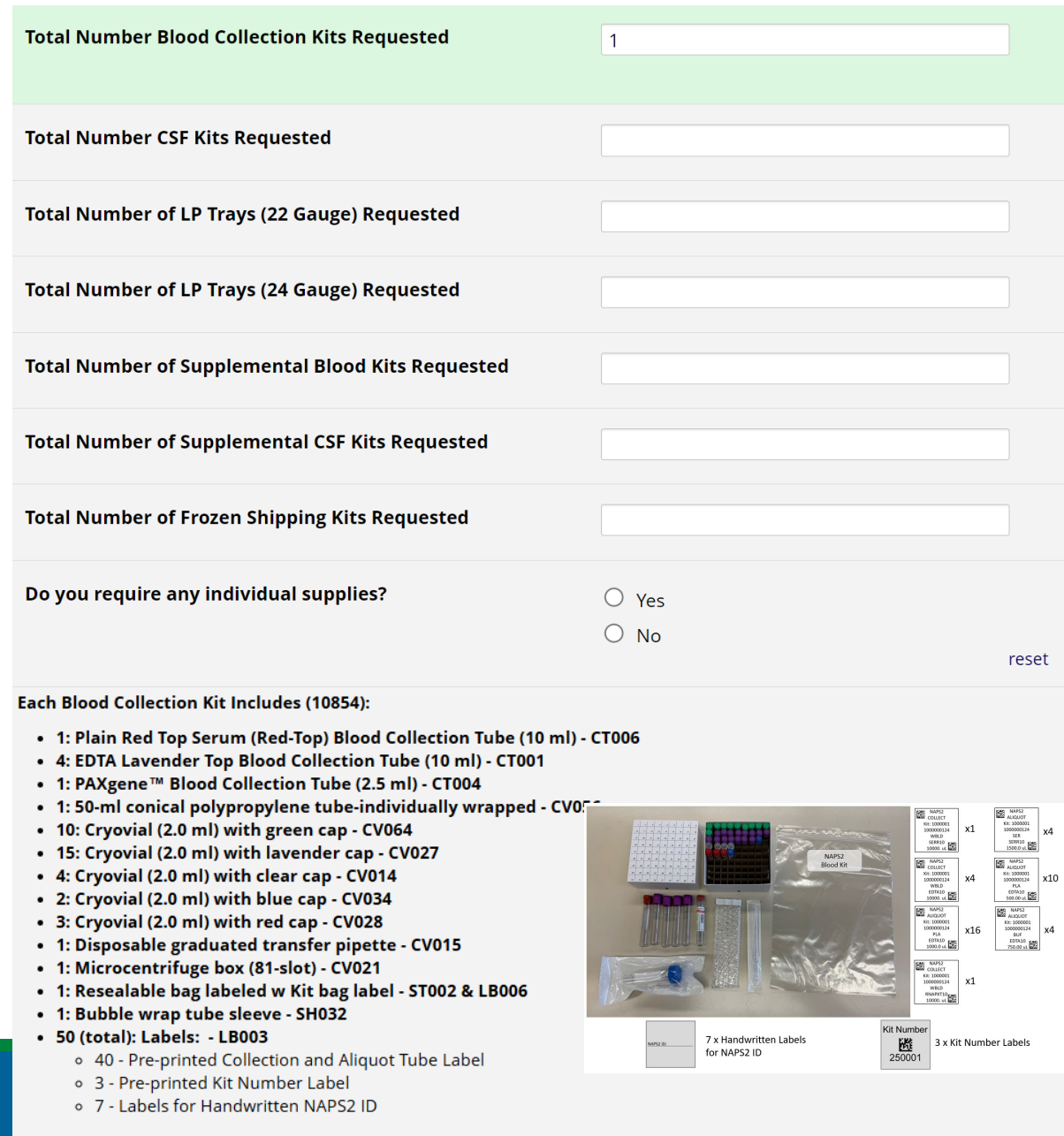
Kit Request Module

1. If any of the information is incorrect, please indicate so by selecting “No.”
2. A text box will appear.
3. Provide the correct information here.



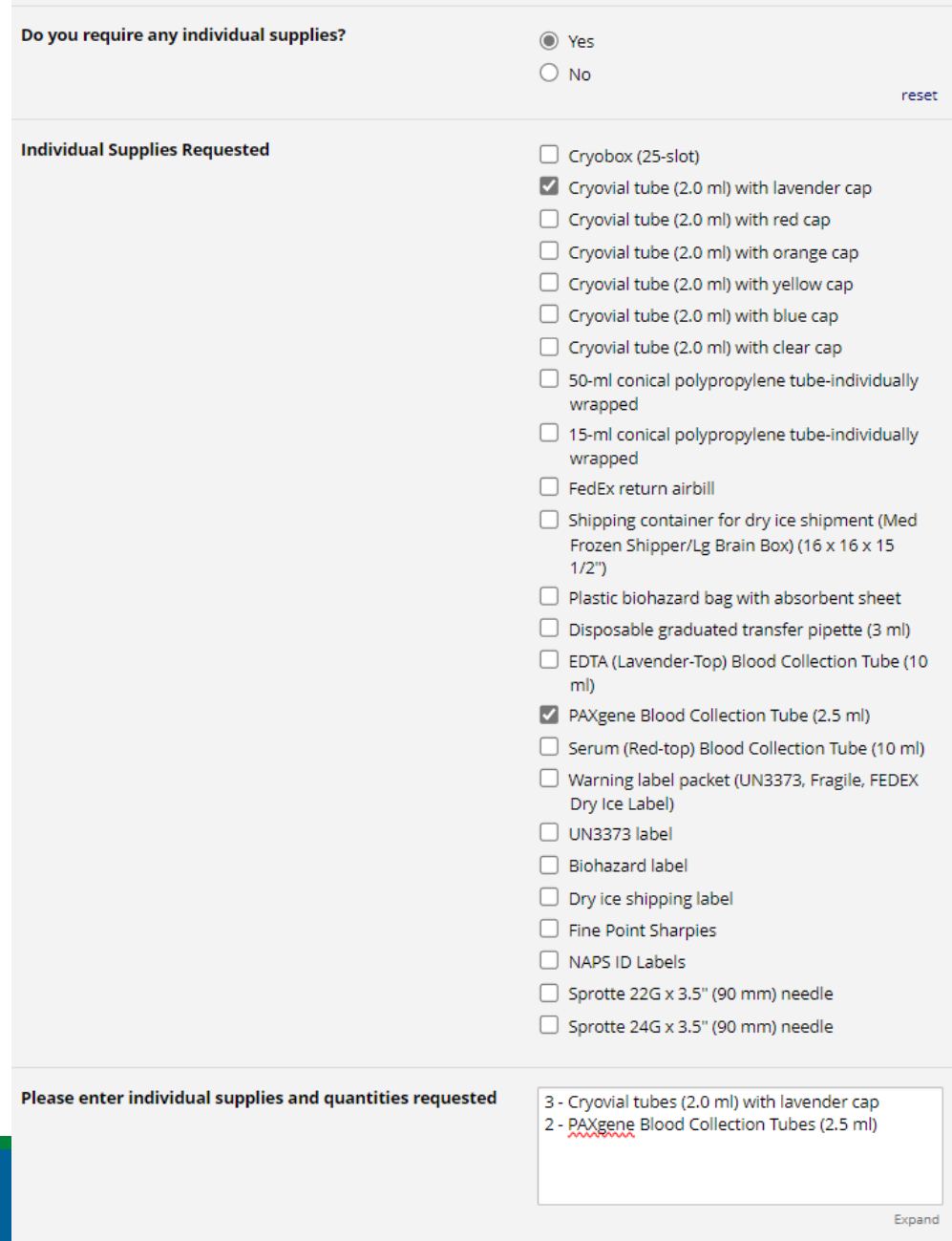
Kit Request Module: Kit Selection

- Indicate the quantity needed of each kit
- Each kit will be registered for cycle 1, but you can use it for any visit
- Once selected, kit components of the chosen kit will appear at the bottom of the screen
- **Note: You can order more than one type of kit in a single kit request**



Kit Request Module: Kit Selection

- If individual supplies are needed, select yes, select the supplies needed, and specify quantities below.
- Click “Submit” to turn in your request.
- The IU staff will notify you that your request has been received and address any issues.



Kit Request Module

- Each site is responsible for ordering kits and maintaining supplies on site for their scheduled participants.

- To order kits, sites will use the Indiana University online kit ordering module: www.kits.iu.edu/NAPS2

- Allow around **3 weeks** for your order to be processed and shipped.

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Specimen Labels

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Specimen Labels

- Label type summary:
  - Kit Number Labels
  - NAPS2 ID Labels
  - Collection Tube Labels
    - Differ by specimen type
  - 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:
  - Blood & CSF Sample and Shipment Notification Forms
  - Outside of cryobox(es) that houses aliquot tubes during storage and shipment
    - CSF samples will have a different kit number than blood samples

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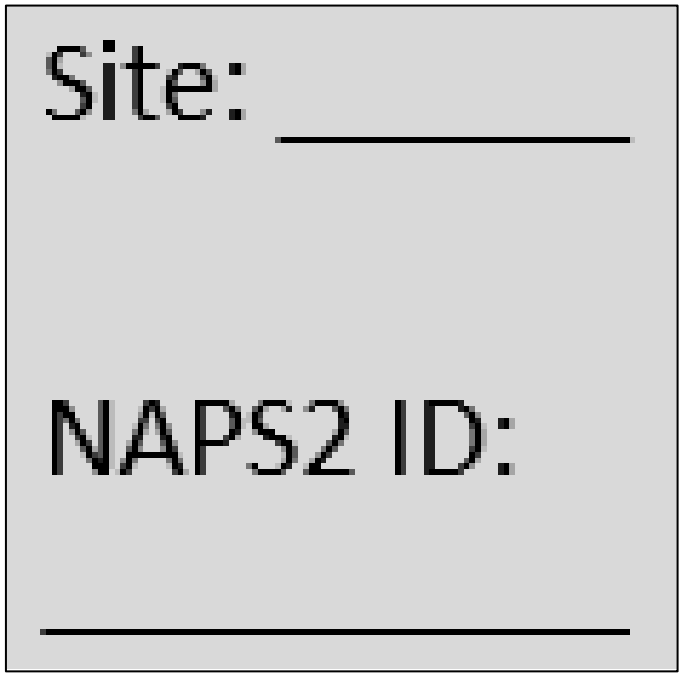
Specimen Labels: NAPS ID Labels

- Subjects will be identified by their NAPS2 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
- Labels will be placed on all collection tubes:
  - Serum Red Top Tube (10ml)
  - EDTA Lavender Top Tube (4 x 10 ml)
  - PAXGene™ Tube (2.5ml)



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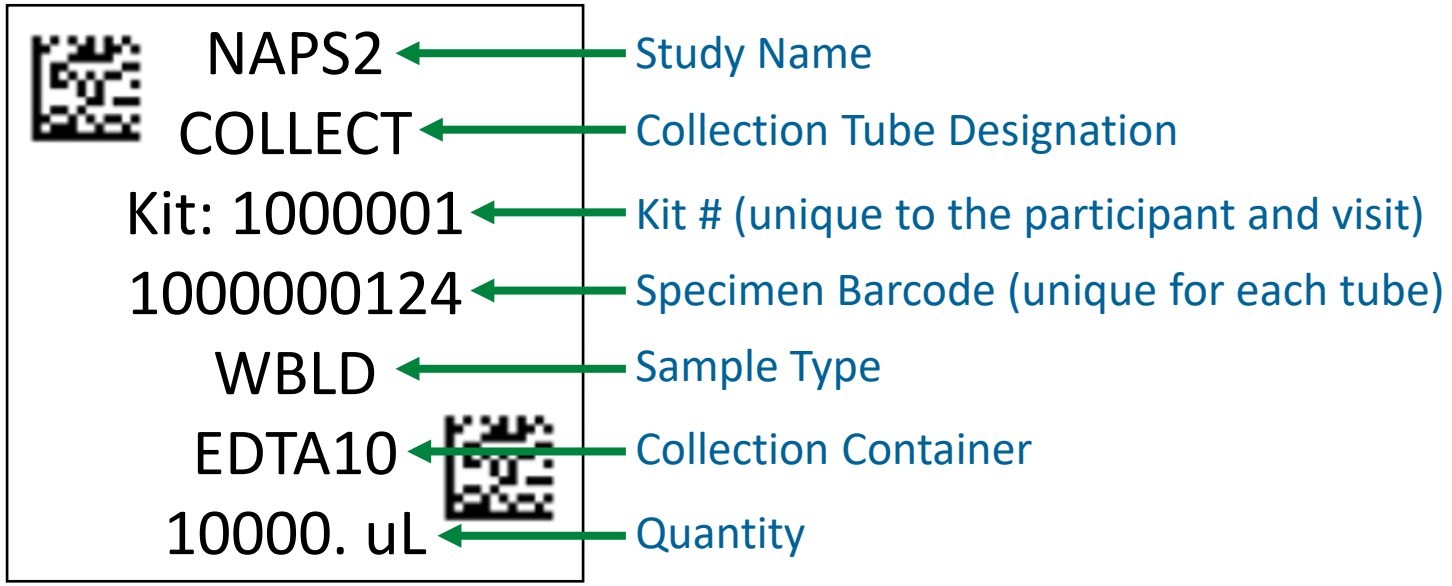
Collection Tube Labels



Labels to be placed on ALL collection tubes

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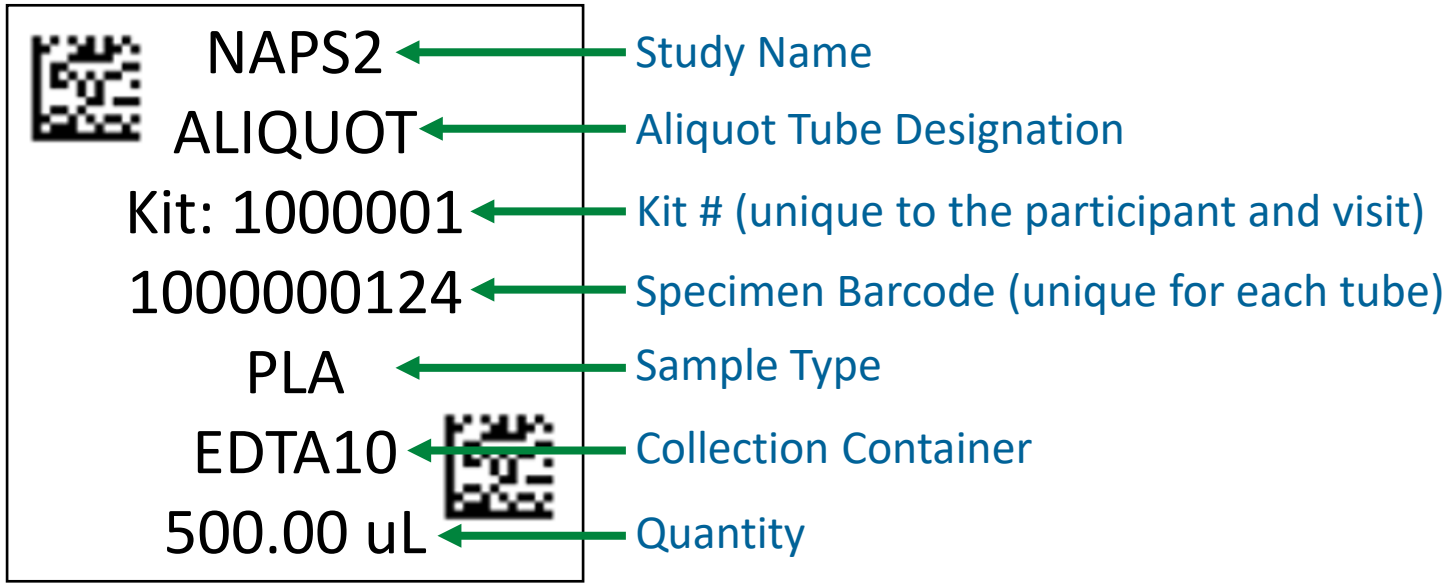
Aliquot Tube Labels



Labels to be placed on ALL aliquot tubes

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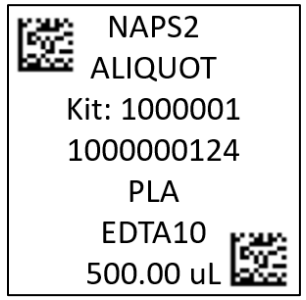
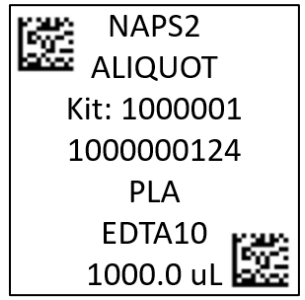
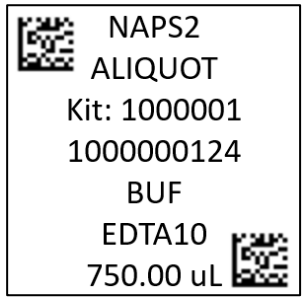
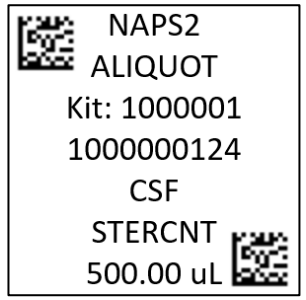
Collection and Aliquot Tube Labels









Every combination of Sample Type and Collection Tube that you may encounter

Look to the **Sample Type** & **Collection Tube** lines to determine what tube / cryovial the label should be placed on

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Specimen Type & Collection Tube Guide

SPECIMEN TYPE ABBREVIATIONS		
WBLD	-	Whole Blood
SER	-	Serum
PLA	-	Plasma
BUF	-	Buffy Coat
CSF	-	Cerebrospinal Fluid

COLLECTION TUBE ABBREVIATIONS	
SERR10	10mL Serum Red-Top Tube
EDTA10	10mL EDTA Lavender-Top Tube
RNAPXT10	10mL RNA PAXGene™ Tube
STERCNT	Sterile Container (for CSF)

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Specimen Labels: Blood Collection Tubes

- All Serum, EDTA, and PAXGene™ collection tubes will have two labels:
  - Collection Tube Label
  - Site and NAPS2 ID Label

Label 1:

NAPS2
COLLECT
Kit: 1000001
1000000124
WBLD
SERR10
10000. uL

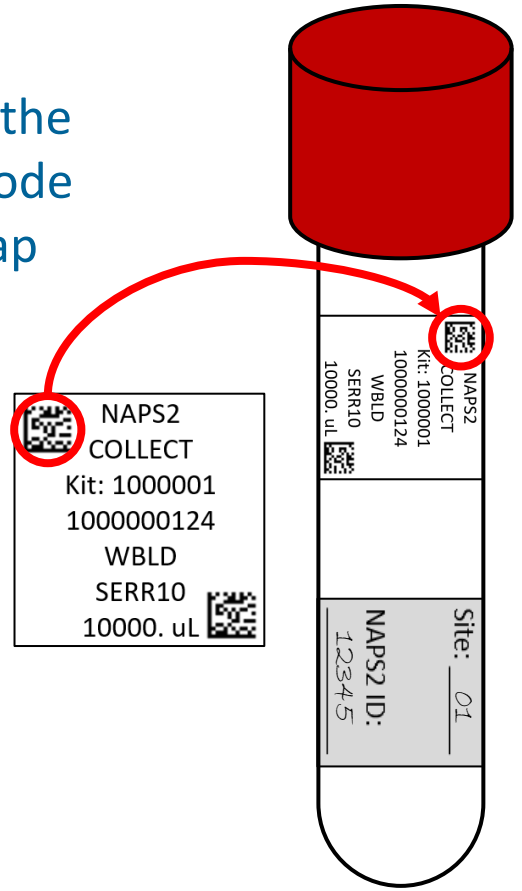
Label 2:

Site: _____

NAPS2 ID:

_____

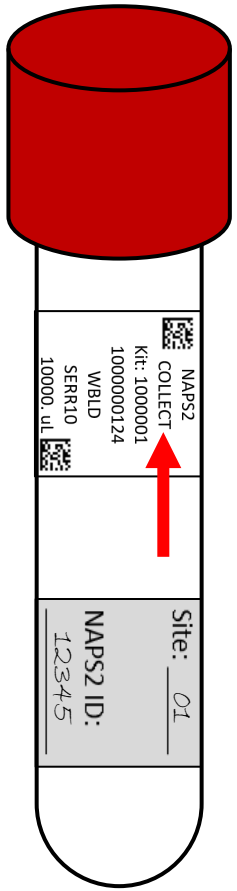
Please ensure the left-hand barcode is near the cap



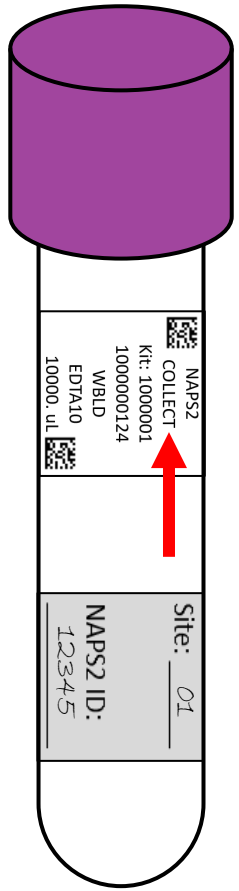
10mL Serum Tube

Specimen Labels: Blood Collection Tubes

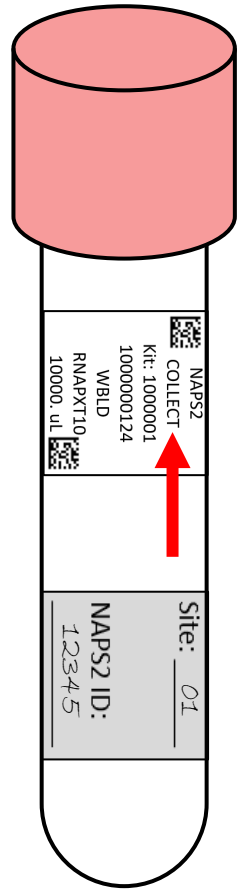
The labels on your blood collection tubes should say **COLLECT** and they should all have specimen type = **WBLD**



10mL Serum Tube



10mL EDTA Tube



PAXgeneTM Tube

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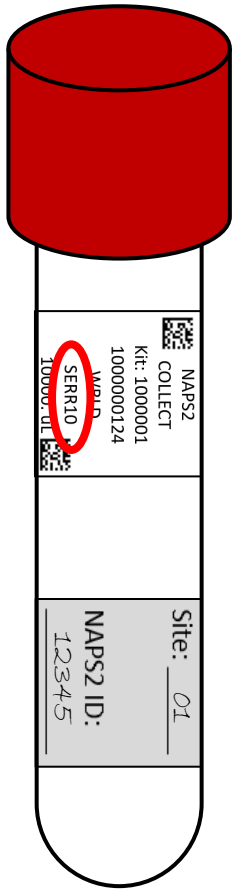
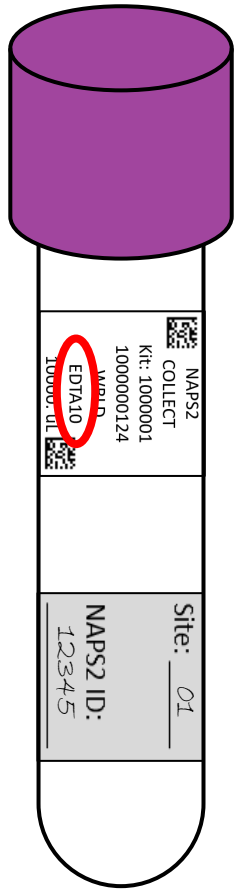
Specimen Labels: Blood Collection Tubes

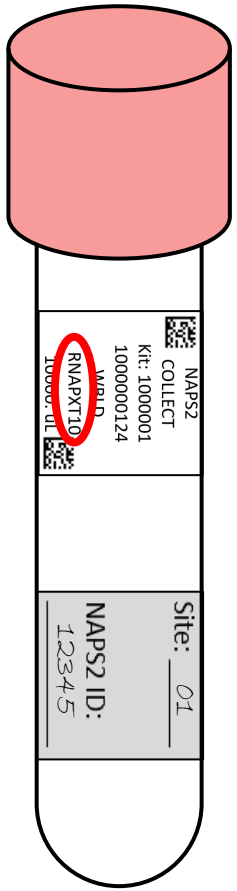
The labels will indicate the blood collection tube they should be placed on.



10mL Serum Tube



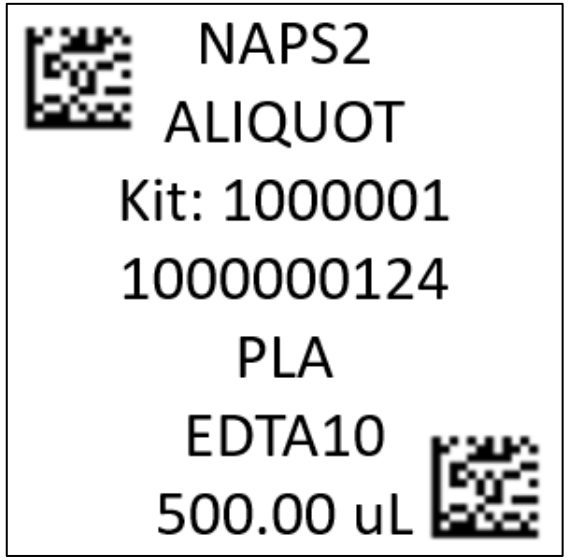
10mL EDTA Tube



PAXgeneTM Tube

Specimen Labels: Aliquot Tubes

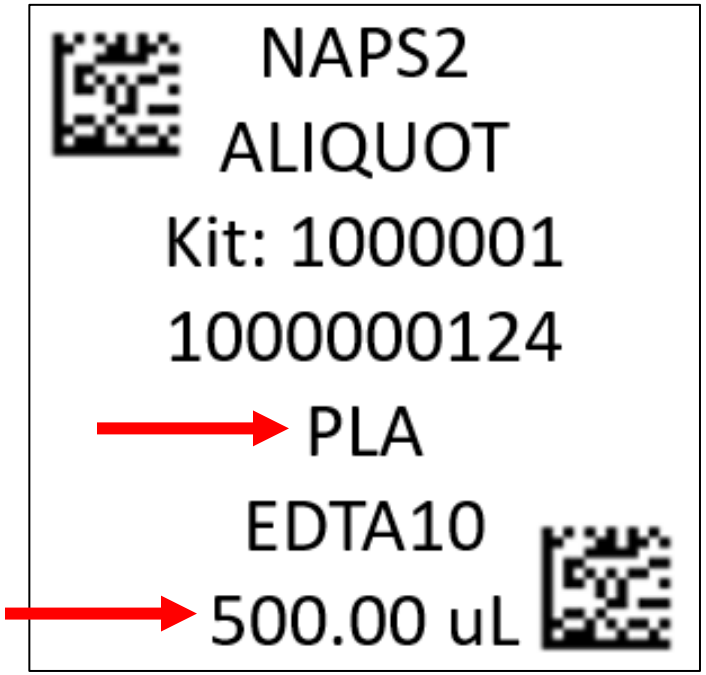
- All aliquot tubes will have only <u>one</u> label:
  - Aliquot Tube Label



Cap Color	Sample Type
Red Cap	Serum
Green Cap	0.5ml aliquots (plasma and CSF)
Lavender Cap	1ml Plasma aliquots
Clear Cap	Buffy Coat
Blue Cap	Residual (Serum, plasma, or CSF)
Orange Cap	1ml CSF aliquots
Yellow Cap	CSF to Local Lab

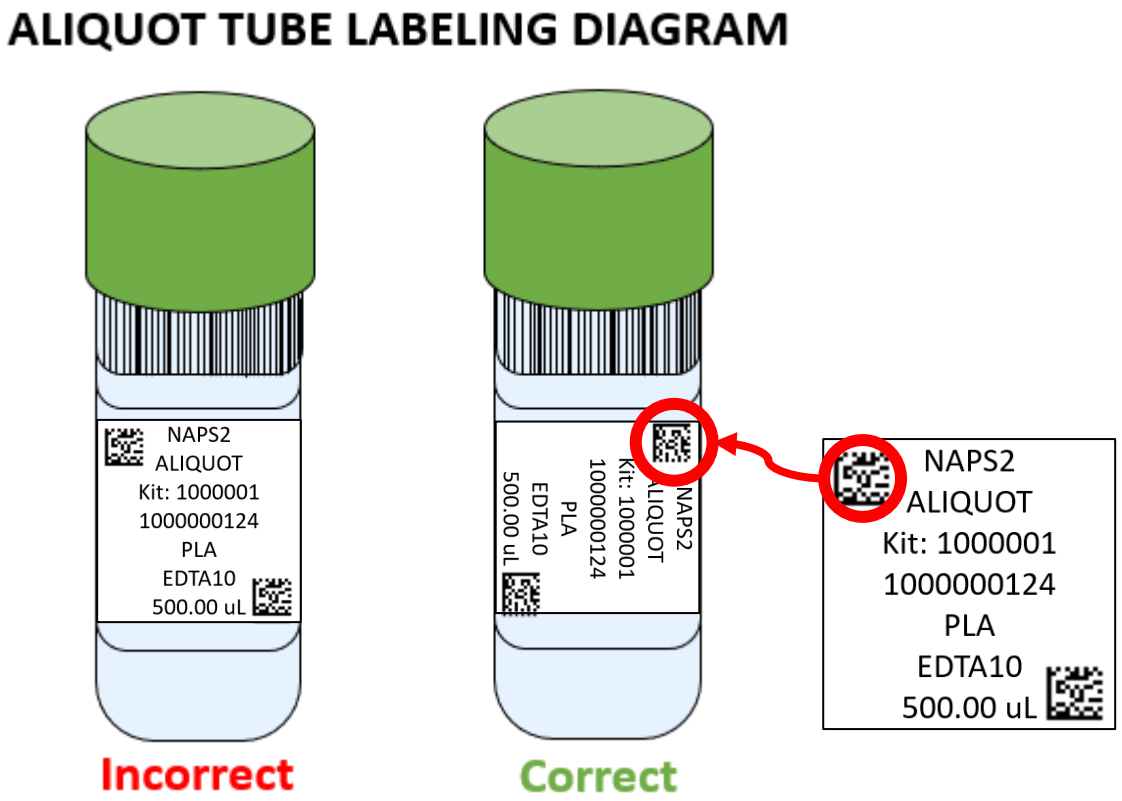
Specimen Labels: Aliquot Tubes

- All aliquot tubes will have only <u>one</u> label:
  - Aliquot Tube Label



Cap Color	Sample Type
Red Cap	Serum
Green Cap	0.5ml aliquots (plasma and CSF)
Lavender Cap	1ml Plasma aliquots
Clear Cap	Buffy Coat
Blue Cap	Residual (Serum, plasma, or CSF)
Orange Cap	1ml CSF aliquots
Yellow Cap	CSF to Local Lab

Specimen Labels: Aliquot Tubes (Serum, Plasma, Buffy Coat, and CSF)



- **Place the label horizontally.**
- **Place the left-hand barcode near the cap.**

Specimen Labels: Yellow Aliquot Tube

Note: NCRAD does not provide a label for the yellow aliquot tube.

Cap Color	Sample Type
Red Cap	Serum
Green Cap	0.5ml aliquots (plasma and CSF)
Lavender Cap	1ml Plasma aliquots
Clear Cap	Buffy Coat
Blue Cap	Residual (Serum, plasma, or CSF)
Orange Cap	1ml CSF aliquots
Yellow Cap	CSF to Local Lab

Specimen Labels: Labeling Biologic Samples

- Label all collection and aliquot tubes *before* collecting, processing or freezing samples.
- Label only *1* subject'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 with refrigeration to 4^{o}C
2. -80^{o}C Freezer
3. Wet Ice Bucket

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Blood Collection & Processing: Sample Collection Tube

Draw Order	Tube Type	Number of Tubes Drawn (per visit)	Tube Image
1	Plain Red Top Serum Tube (10 ml)	1	
2	EDTA (Lavender-Top) Tube (10 ml)	4	
3	PAXgene™ Blood Collection Tube (2.5 ml)	1	

Blood Collection & Processing: Aliquot Cryovials & Cap Colors

Cap Color	Sample Type
Red Cap	Serum
Green Cap	0.5ml aliquots (plasma and CSF)
Lavender Cap	1ml Plasma aliquots
Clear Cap	Buffy Coat
Blue Cap	Residual (Serum, plasma, or CSF)
Orange Cap	1ml CSF aliquots
Yellow Cap	CSF to Local Lab

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NAPS CONSORTIUM
For REM Sleep Behavior Disorder

Biological Sample and Shipment Notification Form

Please email or fax the form on or prior to the date of shipment

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

General Information:

From: _____ Date: _____

Phone: _____ Email: _____

NAPS2 ID: _____ GUID ID: _____

Sex: M F **Year of Birth:** _____

Kit Barcode

Visit (circle one): Cycle 1 Cycle 2 Cycle 3 Cycle 4 Cycle 5 Cycle 6 Cycle 7 Cycle 8

Select one: ☐ Case ☐ Control

Tracking #: _____ **CSF Collected?** Yes No

Blood Collection: **Blood Collected (circle one): Yes No**

1. Date Drawn: _____ [MMDDYYYY]
2. Time of Draw: 24 hour clock: _____ [HHMM]
3. Date subject last ate: _____ [MMDDYYYY]
4. Last time subject ate: 24 hour clock: _____ [HHMM]

Blood Processing:

RNA (PAXgene Tube)

Total volume of blood drawn into a 1 x 2.5mL PAXgene RNA tube: _____ mL

Date PAXgene RNA tube placed in -80°C freezer: _____

Time PAXgene RNA tube placed in -80°C freezer: 24 hour clock: _____ [HHMM]

Serum (Red Top Tube)

Time spin started: 24 hour clock: _____ [HHMM] Duration of centrifuge: _____ minutes

Temp of centrifuge: _____ °C Rate of centrifuge: _____ x g

Original volume drawn (1x10mL Serum tube): _____ mL

Time aliquoted: _____ [HHMM] Number of 1.5mL serum aliquots created: _____ x 1.5mL

If applicable, volume of residual serum aliquot (less than 1.5 mL) (Blue cap): _____ mL

If applicable, specimen number of residual serum aliquot (Last four digits): _____

Time aliquots placed in freezer: 24 hour clock: _____ [HHMM] Storage temperature of freezer: _____ °C

Plasma & Buffy Coat (EDTA (Lavender Top) Tube - 10mL)

Time spin started: 24 hour clock: _____ [HHMM] Duration of centrifuge: _____ minutes

Temp of centrifuge: _____ °C Rate of centrifuge: _____ x g

Original volume drawn (4x10mL EDTA tube):

EDTA #1: _____ mL EDTA #2: _____ mL EDTA #3: _____ mL EDTA #4: _____ mL Total Volume: _____ mL

Time aliquoted: _____ [HHMM]

Plasma

Number of 0.5mL plasma aliquots created (green cap): _____ x 0.5mL

Number of 1.0mL plasma aliquots created (purple cap): _____ x 1.0mL

If applicable, volume of residual serum aliquot (Blue cap): _____ mL

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

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

Buffy Coat

Buffy Coat aliquot #1 (last four digits): _____ Buffy Coat aliquot #2 (last four digits): _____

Buffy Coat aliquot #1 Volume: _____ mL Buffy Coat aliquot #2 Volume: _____ mL

Buffy Coat aliquot #3 (last four digits): _____ Buffy Coat aliquot #4 (last four digits): _____

Buffy Coat aliquot #3 Volume: _____ mL Buffy Coat aliquot #4 Volume: _____ mL

Time aliquots placed in freezer: 24 hour clock: _____ [HHMM] Storage temperature of freezer: _____ °C

Notes:

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NAPS CONSORTIUM
For REM Sleep Behavior Disorder

Biological Sample and Shipment Notification Form

Please email or fax the form on or prior to the date of shipment

NCRAD

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

General Information:

From: Coordinator Name Date: 05/08/2024

Phone: 111-111-1111 Email: Email@email.com

NAPS2 ID: NAPS2-00000 GUID ID: NDAR0000000

Sex: (M) F Year of Birth: 1900

Kit Barcode

Visit (circle one): Cycle 1 (Cycle 2) Cycle 3 Cycle 4 Cycle 5 Cycle 6 Cycle 7 Cycle 8

Select one: ☒ Case ☐ Control

Tracking #: _____ CSF Collected? Yes (No)

Blood Collection: Blood Collected (circle one): (Yes) No

1. Date Drawn: 05/08/2024 [MMDDYYYY] 2. Time of Draw: 24 hour clock: _____ [HHMM]

3. Date subject last ate: _____ [MMDDYYYY] 4. Last time subject ate: 24 hour clock: _____ [HHMM]

Blood Processing:

RNA (PAXgene Tube)

Total volume of blood drawn into a 1 x 2.5mL PAXgene RNA tube: _____ mL

Date PAXgene RNA tube placed in -80°C freezer: _____

Time PAXgene RNA tube placed in -80°C freezer: 24 hour clock: _____ [HHMM]

Serum (Red Top Tube)

Time spin started: 24 hour clock: _____ [HHMM] Duration of centrifuge: _____ minutes

Temp of centrifuge: _____ °C Rate of centrifuge: _____ x g

Original volume drawn (1x10mL Serum tube): _____ mL

Time aliquoted: _____ [HHMM] Number of 1.5mL serum aliquots created: _____ x 1.5mL

If applicable, volume of residual serum aliquot (less than 1.5 mL) (Blue cap): _____ mL

If applicable, specimen number of residual serum aliquot (Last four digits): _____

Time aliquots placed in freezer: 24 hour clock: _____ [HHMM] Storage temperature of freezer: _____ °C

Plasma & Buffy Coat (EDTA (Lavender Top) Tube - 10mL)

Time spin started: 24 hour clock: _____ [HHMM] Duration of centrifuge: _____ minutes

Temp of centrifuge: _____ °C Rate of centrifuge: _____ x g

Original volume drawn (4x10mL EDTA tube):

EDTA #1: _____ mL EDTA #2: _____ mL EDTA #3: _____ mL EDTA #4: _____ mL Total Volume: _____ mL

Time aliquoted: _____ [HHMM]

Plasma

Number of 0.5mL plasma aliquots created (green cap): _____ x 0.5mL

Number of 1.0mL plasma aliquots created (purple cap): _____ x 1.0mL

If applicable, volume of residual serum aliquot (Blue cap): _____ mL

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

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

Buffy Coat

Buffy Coat aliquot #1 (last four digits): _____ Buffy Coat aliquot #2 (last four digits): _____

Buffy Coat aliquot #1 Volume: _____ mL Buffy Coat aliquot #2 Volume: _____ mL

Buffy Coat aliquot #3 (last four digits): _____ Buffy Coat aliquot #4 (last four digits): _____

Buffy Coat aliquot #3 Volume: _____ mL Buffy Coat aliquot #4 Volume: _____ mL

Time aliquots placed in freezer: 24 hour clock: _____ [HHMM] Storage temperature of freezer: _____ °C

Notes:

Ver: 02.2024

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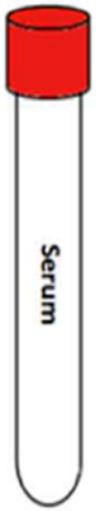
Serum Preparation (10ml Red Top Tube)

Step One

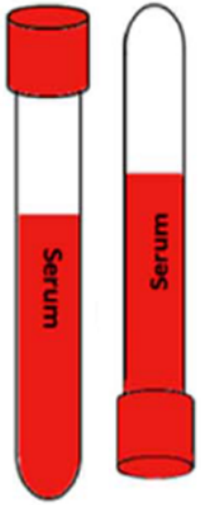


- Store tubes at room temperature.
- Label tubes and cryovials with pre-printed subject labels prior to blood draw.

Step Two

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

Step Three



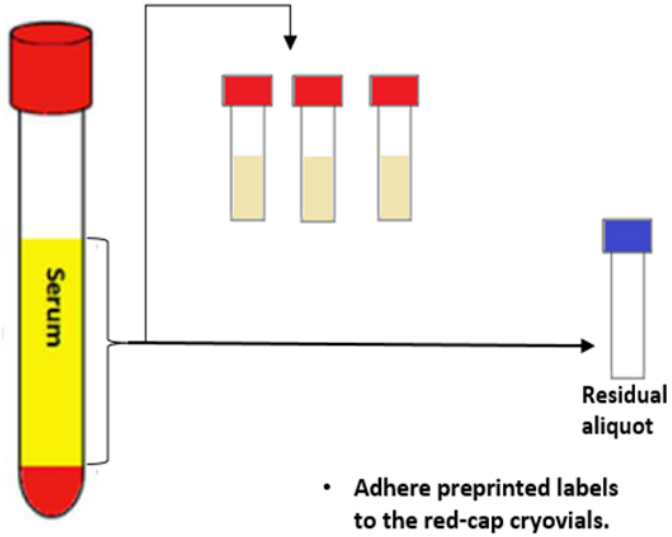
- Immediately after blood draw, invert tube 5 times to mix samples.

Step Four

- Allow blood to clot for 30 minutes.
- Within 60 minutes of blood draw, centrifuge samples at 2000 x g for 10 minutes at 4°C.

*Serum tube should remain upright while clotting

Step Five



- Must be spun, aliquoted, and stored in -80°C freezer within 2 hours of collection.

- Adhere preprinted labels to the red-cap cryovials.
- Aliquot 1.5 ml into each cryovial tube.
- If a residual aliquot is created, document specimen number and volume on Sample Notification Form.
- Store serum aliquots at -80°C until shipment.

Serum Labeling

1 x 10mL Plain Red-Top Serum Blood Collection Tube. Use the label with:

- Sample Type = WBLD
- Volume = 10000 uL

3 x Red-Cap Cryovials. Use the 3 labels with the smallest specimen barcode numbers and:

- Sample Type = SER
- Volume = 1500 uL

1 x Blue-Cap Cryovial. Use the label with the highest specimen barcode number and:

- Sample Type = SER
- Volume = 1500 uL

Site: _____

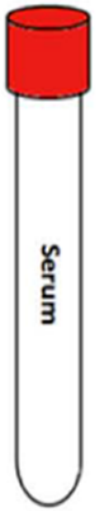
NAPS2 ID:

_____

1 x 10mL Plain Red-Top Serum Blood Collection Tube

Serum Preparation (10ml Red Top Tube)

Step One

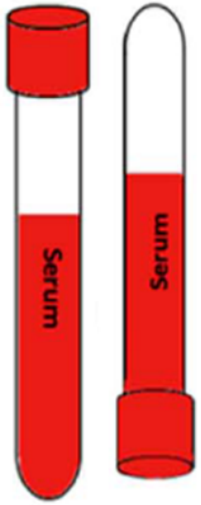


- Store tubes at room temperature.
- Label tubes and cryovials with pre-printed subject labels prior to blood draw.

Step Two

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

Step Three



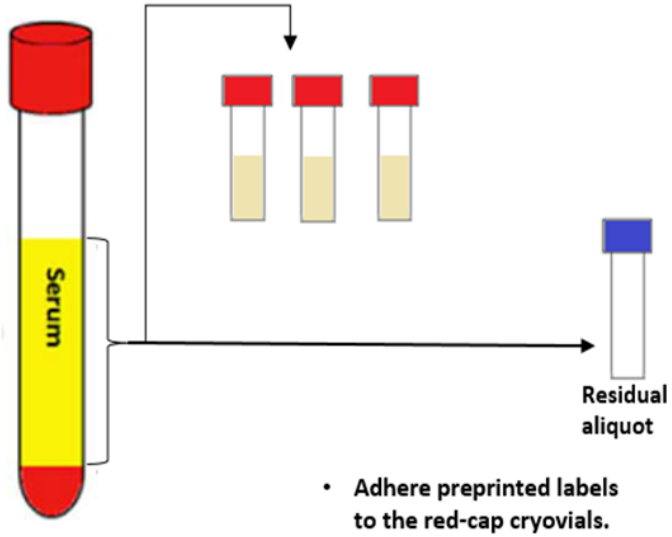
- Immediately after blood draw, invert tube 5 times to mix samples.

Step Four

- Allow blood to clot for 30 minutes.
- Within 60 minutes of blood draw, centrifuge samples at 2000 x g for 10 minutes at 4°C.

*Serum tube should remain upright while clotting

Step Five



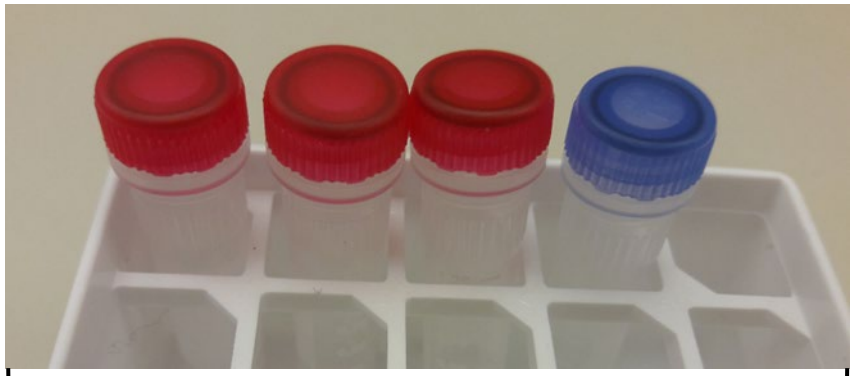
- Must be spun, aliquoted, and stored in -80°C freezer within 2 hours of collection.

- Adhere preprinted labels to the red-cap cryovials.
- Aliquot 1.5 ml into each cryovial tube.
- If a residual aliquot is created, document specimen number and volume on Sample Notification Form.
- Store serum aliquots at -80°C until shipment.

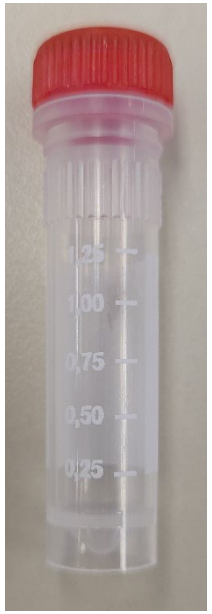
Red Top Tube – Serum Collection

Serum

RBC, WBC & Platelet Clot



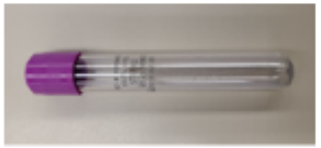
Serum Aliquots (up to 4 possible, including the residual)

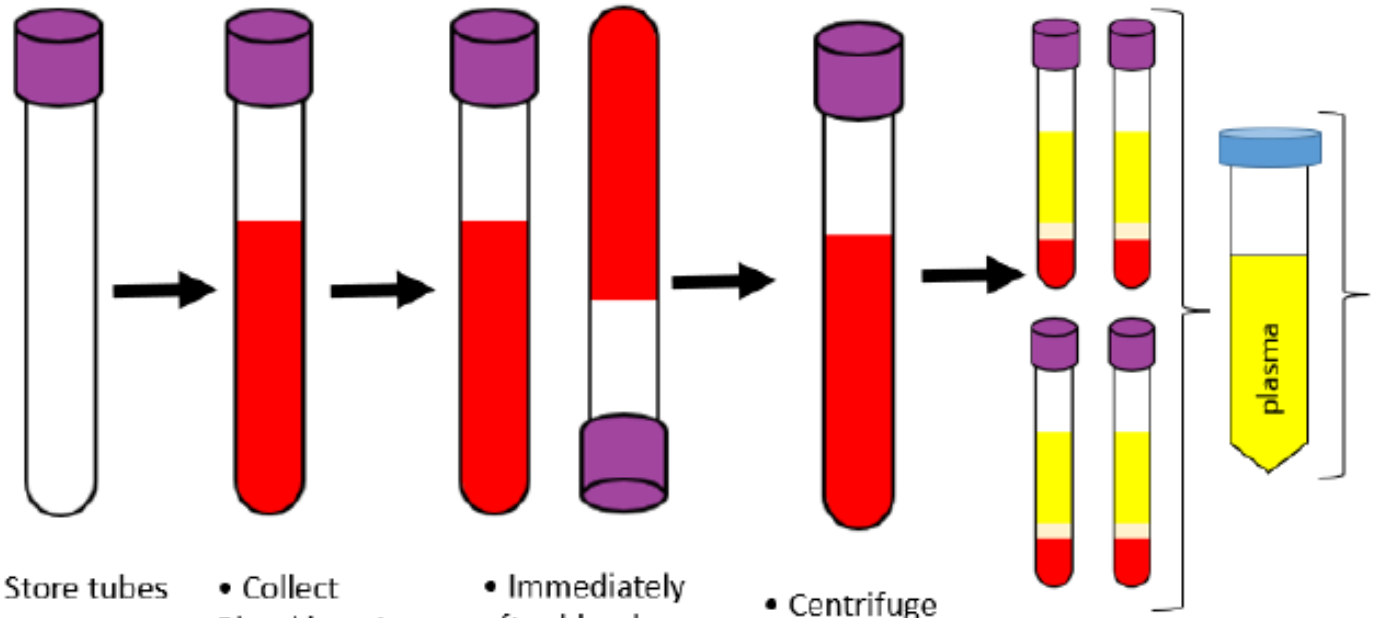


Close up view of 2.0 ml Cryovial

NCRAD

Plasma & Buffy Coat Preparation (EDTA Tube x 4)





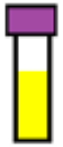
- Store tubes at room temp
- Each tube should be labeled with Collection Tube and Site and PTID labels.

- Collect Blood into 1 EDTA tube, allowing blood to flow for 10 seconds and ensuring blood flow has stopped

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

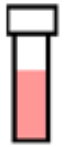
- Centrifuge samples at 2000 x g for 10 minutes at 4°C

- 10 x 0.5 ml aliquots of plasma into green cap cryovials



- 15 x 1.0 ml aliquots of plasma into purple cap cryovials

- 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



- Aliquot the buffy coat from each EDTA tube separately, into its own cryovial
- 4 x 1.0 ml aliquots of the buffy coat (may have some residual plasma and RBCs included) into the clear-capped cryovials.
- Store buffy coat aliquot upright at -80°C until shipment to NCRAD

Ensure tubes are not expired prior to blood draw

Spin, aliquot, and freeze all plasma and buffy coat 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

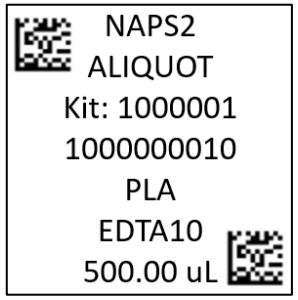
EDTA Tube – Plasma & Buffy Coat Labeling

through

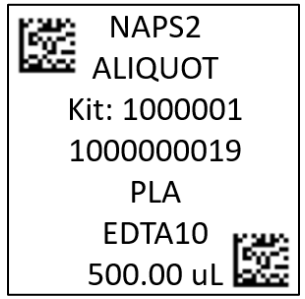
4 x 10mL EDTA Purple-Top Blood Collection Tubes. Use the labels with:

Sample Type = WBLD

Volume = 10000 uL



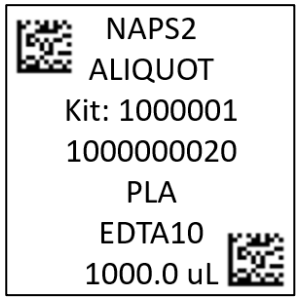
through



10 x Green-Cap Cryovials. Use the 10 labels with:

Sample Type = PLA

Volume = 500 uL

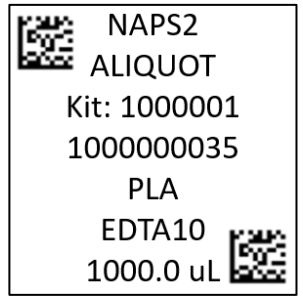


through

15 x Purple-Cap Cryovials. Use the 15 labels with the smallest specimen barcode numbers and:

Sample Type = PLA

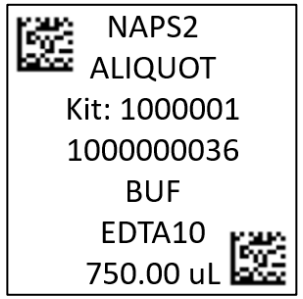
Volume = 1000 uL



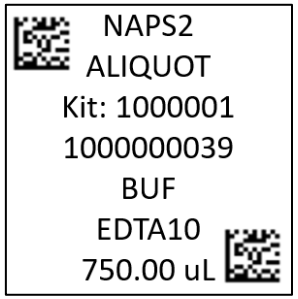
1 x Blue-Cap Cryovial. Use the label with the highest specimen barcode number and:

Sample Type = PLA

Volume = 1000 uL



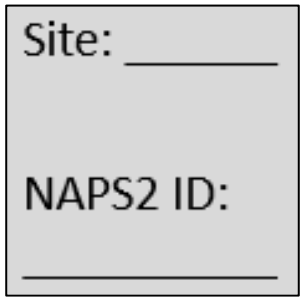
through



4 x Clear-Cap Cryovials. Use the 4 labels with:

Sample Type = BUF

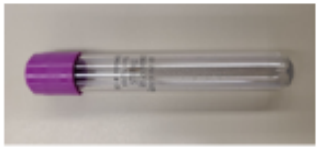
Volume = 750 uL

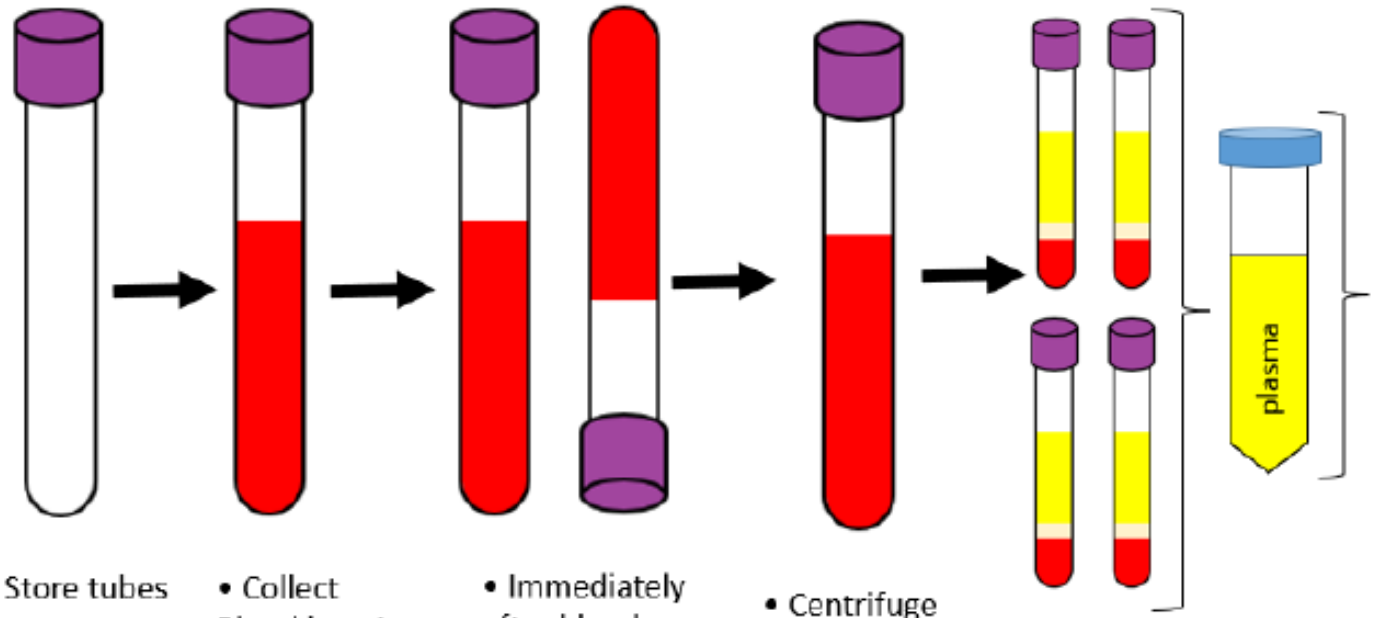


4 x 10mL EDTA Purple-Top Blood Collection Tubes

NCRAD

Plasma & Buffy Coat Preparation (EDTA Tube x 4)





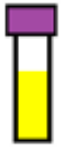
- Store tubes at room temp
- Each tube should be labeled with Collection Tube and Site and PTID labels.

- Collect Blood into 1 EDTA tube, allowing blood to flow for 10 seconds and ensuring blood flow has stopped

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

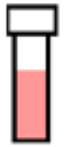
- Centrifuge samples at 2000 x g for 10 minutes at 4°C

- 10 x 0.5 ml aliquots of plasma into green cap cryovials



- 15 x 1.0 ml aliquots of plasma into purple cap cryovials

- 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



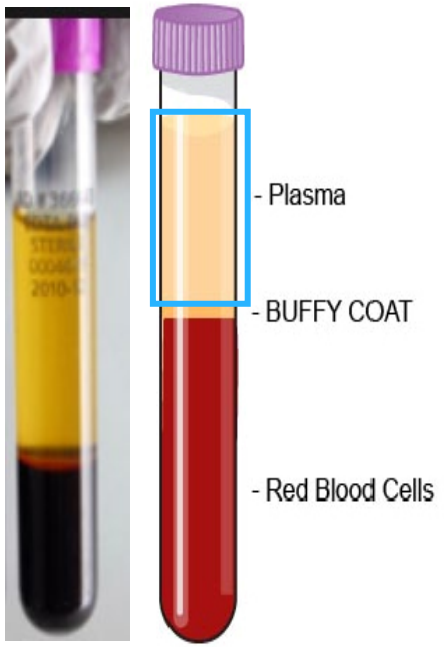
- Aliquot the buffy coat from each EDTA tube separately, into its own cryovial
- 4 x 1.0 ml aliquots of the buffy coat (may have some residual plasma and RBCs included) into the clear-capped cryovials.
- Store buffy coat aliquot upright at -80°C until shipment to NCRAD

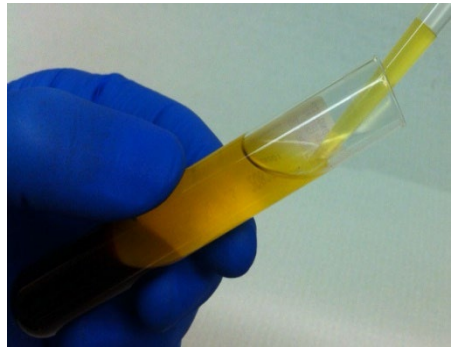
Ensure tubes are not expired prior to blood draw

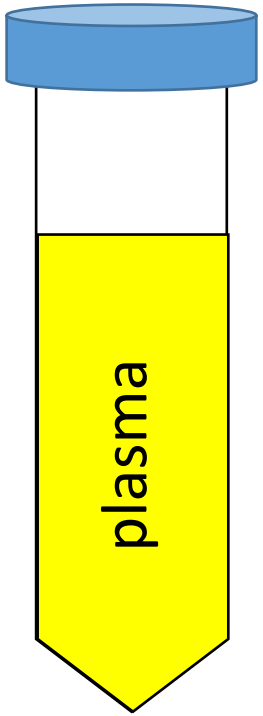
Spin, aliquot, and freeze all plasma and buffy coat aliquots within 2 hours of collection

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

EDTA Tube – Plasma Collection



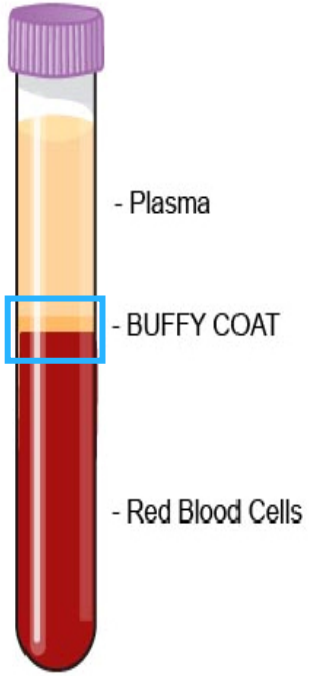


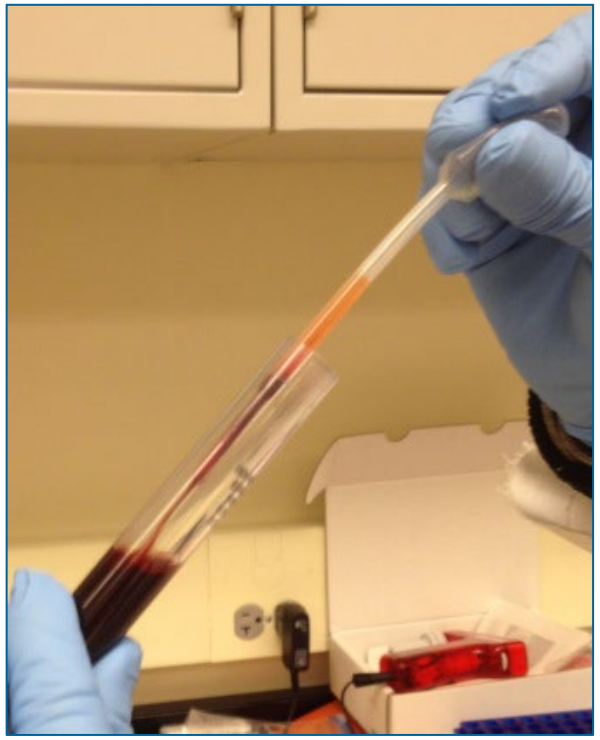


Up to 26 cryovials possible:
10 x 0.5 ml in lavender cap cryovials
15 x 1 ml purple cap cryovial
1 x <1ml blue cap

NCRAD

EDTA Tube – Buffy Coat Collection





Buffy Coat Aliquot (Please use **CLEAR** CAP cryovial)

*Sites have the option of storing 1-2 buffy coats per participant per visit locally.

NCRAD

RNA Preparation (2.5ml PAXgene™ Tube)

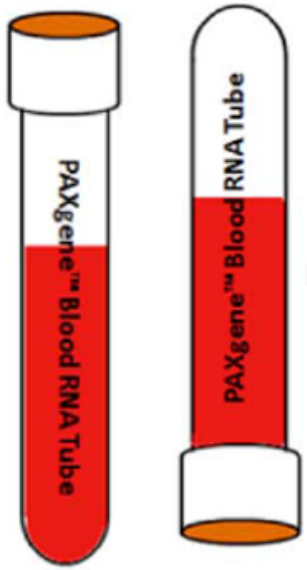
Step One

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

Step Two

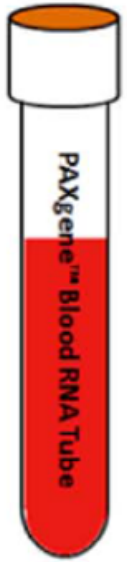
- Collect blood in PAXgene™ tube allowing blood to flow for 10 seconds and ensuring blood flow has stopped.

Step Three



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

Step Four



- Store tubes at -80°C in a wire rack until shipment.

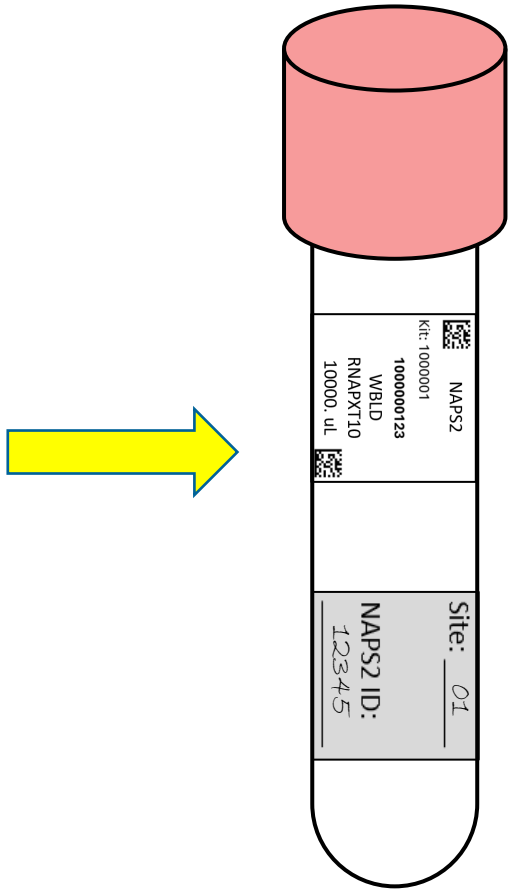
RNA PAXgene™ Tube Labeling

Site: _____

NAPS2 ID:

_____

NAPS2
COLLECT
Kit: 1000001
1000000040
WBLD
RNAPXT10
10000. uL



PAXgeneTM Tube

NCRAD

RNA Preparation (2.5ml PAXgene™ Tube)

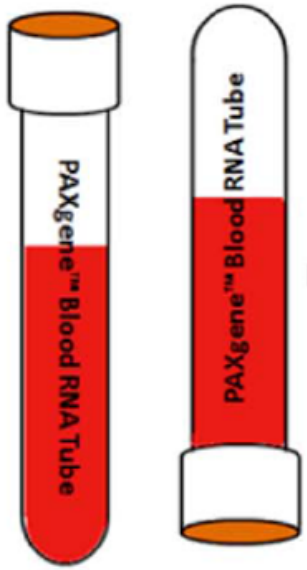
Step One

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

Step Two

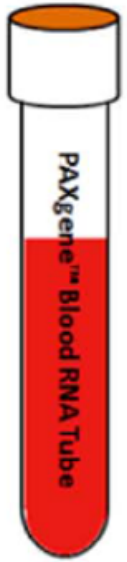
- Collect blood in PAXgene™ tube allowing blood to flow for 10 seconds and ensuring blood flow has stopped.

Step Three



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

Step Four



- Store tubes at -80°C in a wire rack until shipment.

CSF Collection and Processing

Important Note

CSF samples should be collected in the morning before breakfast and after an overnight fast when possible. Only water should be permitted past midnight, until lumbar puncture is completed.

NCRAD

CSF Collection and Processing

Prior to CSF Collection:

1. Print CSF Sample and Shipment Notification Form.

1. Label all tubes accordingly.

NAPS CONSORTIUM
For REM Sleep Behavior Disorder

NCRAD

CSF 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:

From: _____ Date: _____ [MM/DD/YYYY]

Phone: _____ Email: _____

Tracking #: _____

NAPS2 Participant Study Information:

NAPS2 ID: _____ GUID ID: _____

Sex (circle one): Male Female Year of Birth: _____

Select one: ☒ Case ☐ Control

Visit Information:

CSF Collected? Yes No

Gauge needle used for LP (circle one): 22G 24 G

Kit Barcode

Visit (circle one): Cycle 1 Cycle 2 Cycle 3 Cycle 4 Cycle 5 Cycle 6 Cycle 7 Cycle 8

Collection Process: Gravity Method Aspiration

(If aspiration method is used, it must be documented as a protocol violation)

CSF Collection:

1. Date of Collection: _____ [MMDDYYYY]
2. Time of Collection: 24 hour clock: _____ [HHMM]
3. Date subject last ate: _____ [MMDDYYYY]
4. Last time subject ate: 24 hour clock: _____ [HHMM]

CSF Processing:

Time Spint Started: 24 hour clock: _____ [HHMM]

Duration of Centrifuge: _____ minutes

Temperature of Centrifuge: _____ °C Rate of Centrifuge: _____ xg

Total Amount of CSF Collected: _____ mL

Time Aliquoted: _____ [HHMM]

Number of 0.5 mL CSF aliquots created (green cap): _____ x 0.5mL

Number of 1.0 mL CSF aliquots created (orange cap): _____ x 1.0mL

If applicable, volume of residual CSF aliquot (blue cap): _____ mL

If applicable, specimen number of residual CSF aliquot: _____

Time Frozen: _____ [HHMM] Storage Temperature of Freezer: _____ °C

Notes:

Ver: 02.2024

CSF Draw Labels

Collection & Aliquot Tube Labels - CSF

NAPS2
COLLECT
Kit: 1000002
1000000120
CSF
STERCNT

1 x 50mL Sterile Container. Use the label with specimen type = CSF and blank volume.

NAPS2
ALIQUOT
Kit: 1000002
1000000121
CSF
STERCNT
500.00 uL

through

NAPS2
ALIQUOT
Kit: 1000002
1000000130
CSF
STERCNT
500.00 uL

10 x Green-Cap Cryovials. Use the 10 labels with:

Specimen Type = CSF
Volume = 500 uL

NAPS2
ALIQUOT
Kit: 1000001
1000000131
CSF
STERCNT
1000.0 uL

through

NAPS2
ALIQUOT
Kit: 1000001
1000000156
CSF
STERCNT
1000.0 uL

25 x Orange-Cap Cryovials. Use the 25 labels with the lowest specimen barcode numbers and:

Specimen Type = CSF
Volume = 1000 uL

NAPS2
ALIQUOT
Kit: 1000001
1000000157
CSF
STERCNT
1000.0 uL

1 x Blue-Cap Cryovial. Use the label with the highest specimen barcode number and:

Specimen Type = CSF
Volume = 1000 uL

NCRAD

NAPS CONSORTIUM For REM Sleep Behavior Disorder

NCRAD

CSF 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:

From: Coordinator Name Date: 05/08/2024 [MM/DD/YYYY]

Phone: 111-111-1111 Email: CoordinatorEmail@email.com

Tracking #: _____

NAPS2 Participant Study Information:

NAPS2 ID: NAPS2-00000 GUID ID: NDAR0000000

Sex (circle one): Male Female Year of Birth: 1900

Select one: ☒ Case ☐ Control

Visit Information:

CSF Collected? Yes No

Gauge needle used for LP (circle one): 22G 24 G

Kit Barcode

Visit (circle one): Cycle 1 Cycle 2 Cycle 3 Cycle 4 Cycle 5 Cycle 6 Cycle 7 Cycle 8

Collection Process: Gravity Method Aspiration

(If aspiration method is used, it must be documented as a protocol violation)

CSF Collection:

1. Date of Collection: 05/08/2024 [MMDDYYYY]
2. Time of Collection: 24 hour clock: _____ [HHMM]
3. Date subject last ate: _____ [MMDDYYYY]
4. Last time subject ate: 24 hour clock: _____ [HHMM]

CSF Processing:

Time Spint Started: 24 hour clock: _____[HHMM]

Duration of Centrifuge: _____ minutes

Temperature of Centrifuge: _____°C Rate of Centrifuge: _____xg

Total Amount of CSF Collected: _____mL

Time Aliquoted: _____[HHMM]

Number of 0.5 mL CSF aliquots created (green cap): _____ x 0.5mL

Number of 1.0 mL CSF aliquots created (orange cap): _____x 1.0mL

If applicable, volume of residual CSF aliquot (blue cap):_____mL

If applicable, specimen number of residual CSF aliquot: _____

Time Frozen: _____ [HHMM] Storage Temperature of Freezer: _____°C

Notes:

Ver: 02.2024

CSF Draw Labels

Collection & Aliquot Tube Labels - CSF

NAPS2
COLLECT
Kit: 1000002
1000000120
CSF
STERCNT

1 x 50mL Sterile Container. Use the label with specimen type = CSF and blank volume.

NAPS2
ALIQUOT
Kit: 1000002
1000000121
CSF
STERCNT
500.00 uL

through

NAPS2
ALIQUOT
Kit: 1000002
1000000130
CSF
STERCNT
500.00 uL

10 x Green-Cap Cryovials. Use the 10 labels with:

Specimen Type = CSF

Volume = 500 uL

NAPS2
ALIQUOT
Kit: 1000001
1000000131
CSF
STERCNT
1000.0 uL

through

NAPS2
ALIQUOT
Kit: 1000001
1000000156
CSF
STERCNT
1000.0 uL

25 x Orange-Cap Cryovials. Use the 25 labels with the lowest specimen barcode numbers and:

Specimen Type = CSF

Volume = 1000 uL

NAPS2
ALIQUOT
Kit: 1000001
1000000157
CSF
STERCNT
1000.0 uL

1 x Blue-Cap Cryovial. Use the label with the highest specimen barcode number and:

Specimen Type = CSF

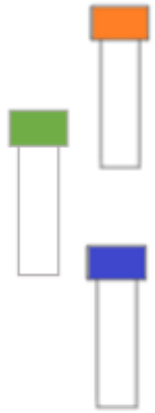
Volume = 1000 uL

NCRAD

*There is NOT a provided label for the yellow cap cryovial

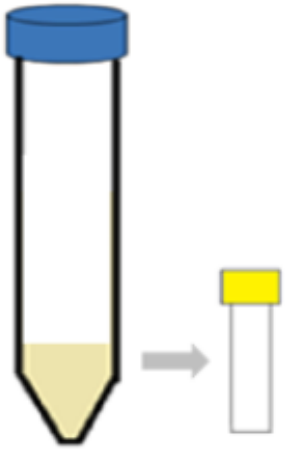
CSF Preparation (20-30 ml)

Step One



- Label tubes with pre-printed subject labels prior to collection.
- Pre-chill all cryovials on wet ice.

Step Two



- Collect initial 1-2 ml (if bloody, collect CSF until cleared of blood) into 50 ml conical tube.
- If not bloody, transfer 1-2 ml into the yellow-cap cryovial.
- Send to local lab for testing.

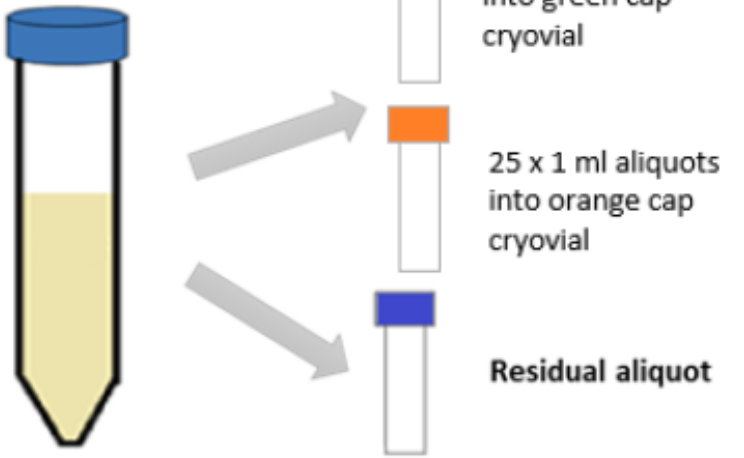
Step Three

- Collect another 20-30 ml CSF into a new 50 ml sterile conical tube.

Step Four

- Place sample upright on wet ice until centrifugation begins.
- Within 15 minutes of collection, centrifuge sample at 4°C for 10 minutes at 2000xg.

Step Five



- Aliquot 0.5 ml into 10 x green cryovials.
- Aliquot 1 ml into 25 x orange-cap cryovials.
- If a residual aliquot is created, aliquot into blue-cap cryovial. Document specimen number and volume on CSF Sample Notification Form.
- Store CSF aliquots at -80°C until shipment.

CSF Collection and Processing

CSF Aliquot tube for local lab (label not provided)

NCRAD

NAPS CONSORTIUM For REM Sleep Behavior Disorder

CSF Sample and Shipment Notification Form

NCRAD

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:

From: Coordinator Name Date: 05/08/2024 [MM/DD/YYYY]

Phone: 111-111-1111 Email: CoordinatorEmail@email.com

Tracking #: _____

NAPS2 Participant Study Information:

NAPS2 ID: NAPS2-00000 GUID ID: NDAR0000000

Sex (circle one): Male Female Year of Birth: 1900

Select one: ☒ Case ☐ Control

Visit Information:

CSF Collected?: Yes No

Kit Barcode

Gauge needle used for LP (circle one): 22G 24 G

Visit (circle one): Cycle 1 Cycle 2 Cycle 3 Cycle 4 Cycle 5 Cycle 6 Cycle 7 Cycle 8

Collection Process: Gravity Method Aspiration

(If aspiration method is used, it must be documented as a protocol violation)

CSF Collection:

1. Date of Collection: 05/08/2024 [MMDDYYYY]
2. Time of Collection: 24 hour clock: 0917 [HHMM]
3. Date subject last ate: 05/07/2024 [MMDDYYYY]
4. Last time subject ate: 24 hour clock: 1800 [HHMM]

CSF Processing:

Time Spint Started: 24 hour clock: 0925 [HHMM]

Duration of Centrifuge: 10 minutes

Temperature of Centrifuge: 4 °C Rate of Centrifuge: 2000 xg

Total Amount of CSF Collected: 30 mL

Time Aliquoted: 0935 [HHMM]

Number of 0.5 mL CSF aliquots created (green cap): 10 x 0.5mL

Number of 1.0 mL CSF aliquots created (orange cap): 25 x 1.0mL

If applicable, volume of residual CSF aliquot (blue cap): _____ mL

If applicable, specimen number of residual CSF aliquot: _____

Time Frozen: 0945 [HHMM] Storage Temperature of Freezer: -80 °C

Notes:

Ver: 02.2024

Leave tracking number blank for now. Fill this out when you are ready to ship the samples to NCRAD.

NCRAD

Sample Shipping

NCRAD

Frozen Shipping: Guidelines

- **Ship Monday-Wednesday Only**
- Hold packaged samples in a -80°C freezer until pickup.
- Batch Samples together
  - Batch shipping should be performed every 3 months or as a full shipment of specimens accumulates, whichever is sooner.

Large Frozen Shipper:

** 45 lbs of dry ice pellets

AND

Fits up to 4 x 81-cell cryoboxes **AND** 4 x 2.5ml PAXgene™ tubes.

Small Frozen Shipper:

**10 lbs of dry ice pellets

AND

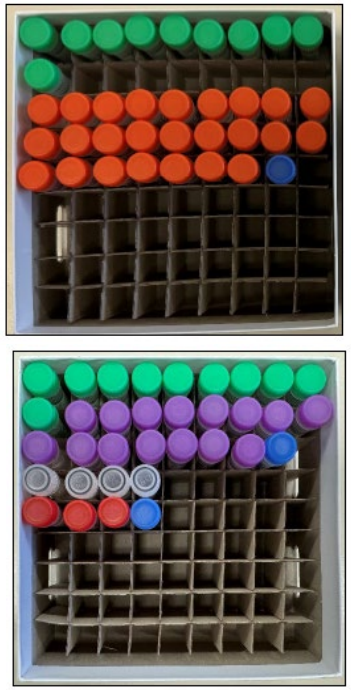
Fits up to 2 x 81-cell cryoboxes **AND** 2 x 2.5ml PAXgene™ tubes.

Sample Shipment Summary

Sample Type	Collection Tube	Processing/ Aliquoting	Tubes to NCRAD	Ship
Whole blood for isolation of Serum	1 x Plain Red-Top Serum Blood Collection Tube (10ml)	1.5 ml serum aliquot per 2.0 cryovial (red cap). Rresidual volume placed in 2.0 cryovial with blue cap.	Up to 4	Frozen
Whole blood for isolation of plasma and buffy coat	4 x EDTA (Lavender-Top) Blood Collection Tube (10 ml)	PLASMA: 10 x 0.5ml aliquots in 2.0ml green cap cryovials. 15 x 1.0ml aliquots in 2.0ml purple cap cryovials. Rresidual volume placed in 2.0ml cryovial with blue cap.	Up to 26	Frozen
		BUFFY COAT: Aliquot buffy coat from each (4) EDTA tube into its own 2.0ml clear cap cryovial	Up to 4*	Frozen
Whole blood for RNA extraction	1x PAXgene™ Blood Collection Tube (2.5 ml)	N/A	1	Frozen
CSF	Sterile Containers (20-30 ml CSF)	10 x 0.5ml CSF in the first 10 green cap cryovials. 25 x 1.0ml CSF in 2.0 orange cap cryovials. Residual volume place in 2.0ml cryovial with blue cap. 1 x 1-2ml CSF for local lab placed in 2.0ml yellow cap cryovial.	Up to 36	Frozen

*Sites may elect to keep 1-2 buffy coats from each visit locally.

Frozen Shipping: Cryoboxes



Place CSF aliquots in one cryobox and the serum/plasma/buffy coat aliquots in a second cryobox. Place frozen PAXgene™ tube in provided bubble wrap tube sleeve, seal, and place in biohazard bag with the cryobox containing serum/plasma/buffy coat. Seal biohazard bag according to the instructions on the bag. Be sure to adhere a Kit Number Label on the lid of each cryobox.

Place only ONE cryobox per Biohazard bag. PAXgene™ should be placed in the bag with the cryobox containing serum/plasma/buffy coat samples.

NCRAD

Frozen Shipping: Dry Ice Requirements

- Fully cover the cryoboxes with about 2 inches of dry ice in the provided shipper.

Large Frozen Shipper:

** 45 lbs of dry ice pellets

AND

Fits up to 4 x 81-cell cryoboxes **AND** 4 x 2.5ml PAXgene™ tubes.

Small Frozen Shipper:

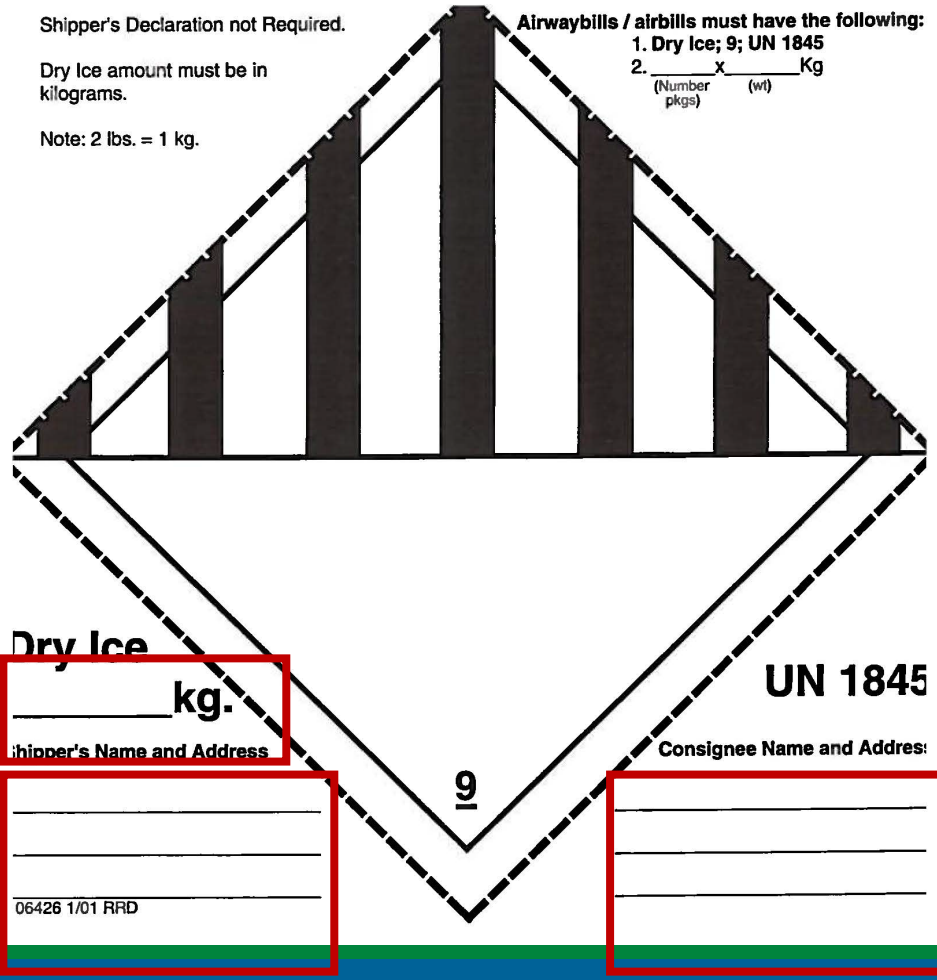
**10 lbs of dry ice pellets

AND

Fits up to 2 x 81-cell cryoboxes **AND** 2 x 2.5ml PAXgene™ tubes.

Frozen Shipping: Dry Ice Requirements

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!



Net weight of dry ice in **kg**

Your name & address

Repository name & address:

NCRAD
IU School of Medicine
351 W. 10th St
TK-342
Indianapolis, IN 46202

Shipping Frozen Samples

- Schedule FedEx
- *Send Sample and Shipment Notification Forms to IU* ***ahead of shipment***
  - ***Email: alzstudy@iu.edu***
  - Please also send notification form to Jennifer McLeland for tracking purposes: mclelandj@wustl.edu

NCRAD

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.

NCRAD

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	

NCRAD

UN3373 Biological Substance, Category B Training

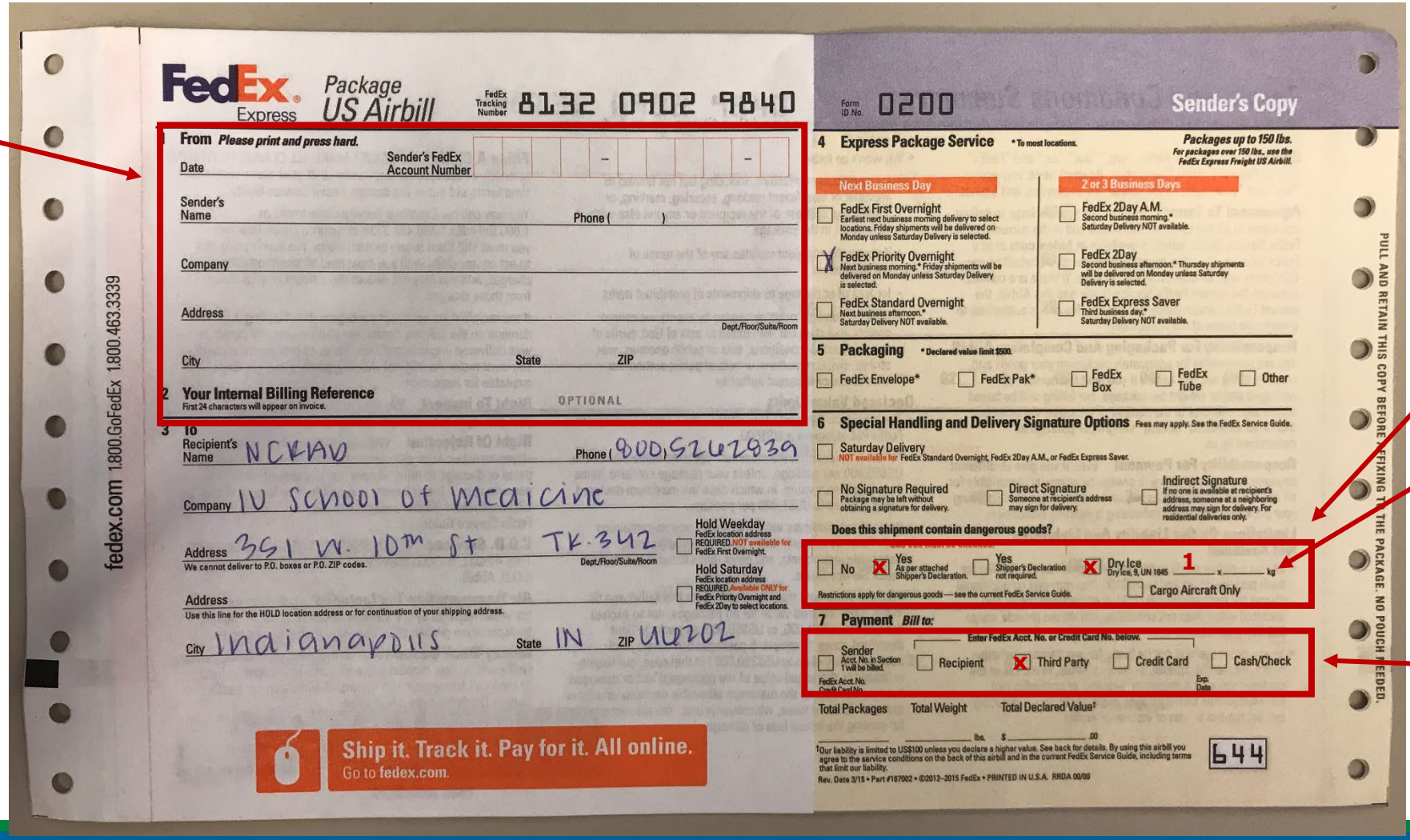
- Biological Substance, Category B are specimens being transported for “investigational purposes”
- Recommend: investigator sites document training of category B/dangerous goods
- We recommend establishing a record of your staff’s training and date of instruction
- The training records must be made available 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

NCRAD

Frozen Shipping: FedEx Airbill

- **Airbill must be completed or the shipping carrier will reject/return your package!**

Your name, address, and phone



Dangerous goods info for dry ice shipments

Net weight of dry ice in kg

FedEx Account Number (will be prefilled)

- **Sample shipments to NCRAD will be paid via the NAPS2 grant at Washington University**

Biological Sample and Shipment Notification Forms

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

- Please include sample forms in all shipments of frozen samples.

- Email: alzstudy@iu.edu

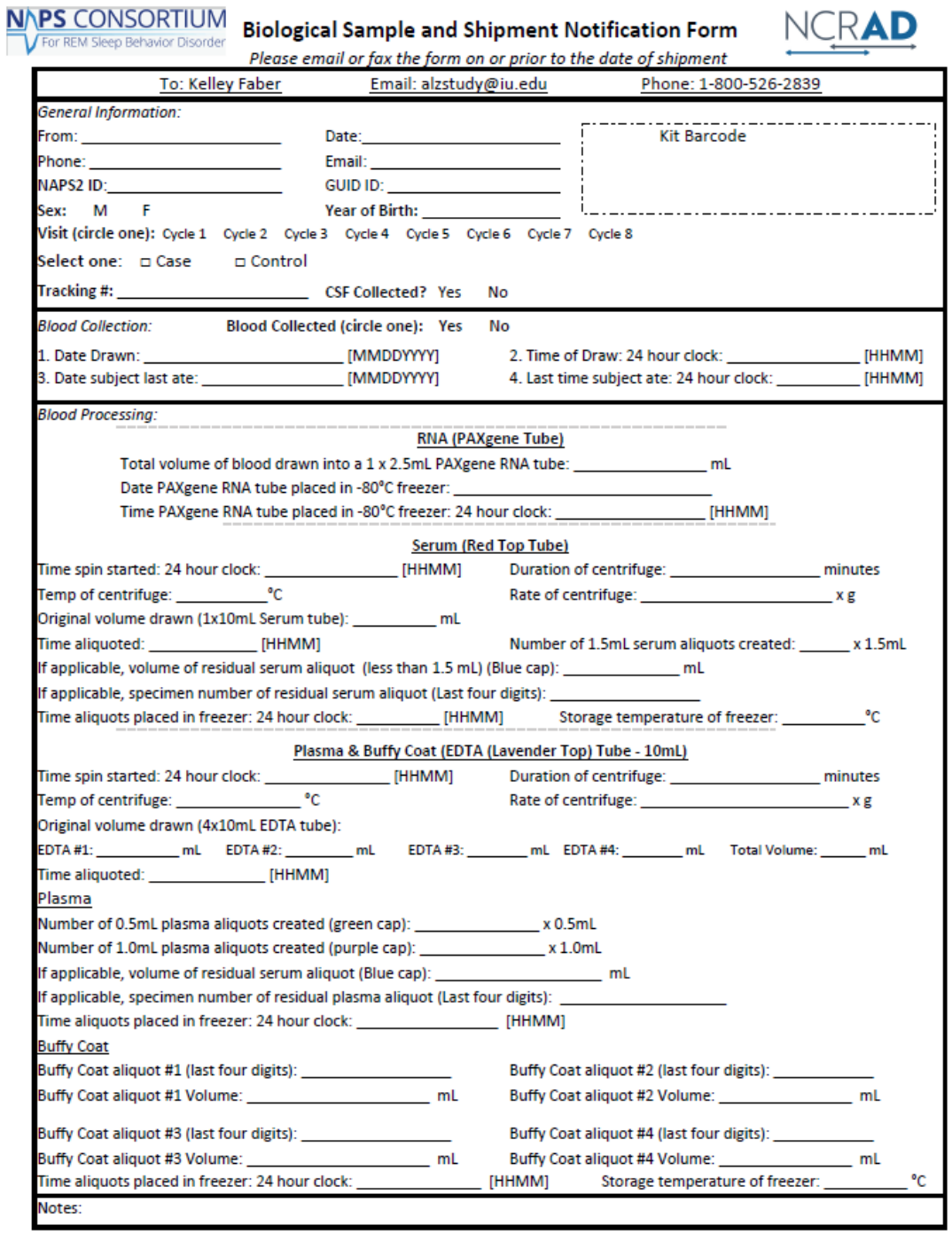
NCRAD

Biological Sample and Shipment Notification Forms

NCRAD

Biological Sample and Shipment Notification Form: Blood

- Blood Collection for:
  - Whole Blood (RNA)
  - Serum
  - Plasma
  - Buffy Coat
- Send by E-mail prior to shipment, and include a copy in each shipment
- REMINDER: PLEASE make sure this form is filled out completely by the person collecting the samples AND the person processing.



NAPS CONSORTIUM For REM Sleep Behavior Disorder

Biological Sample and Shipment Notification Form

NCRAD

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:

From: _____ Date: _____ Kit Barcode

Phone: _____ Email: _____

NAPS2 ID: _____ GUID ID: _____

Sex: M F Year of Birth: _____

Visit (circle one): Cycle 1 Cycle 2 Cycle 3 Cycle 4 Cycle 5 Cycle 6 Cycle 7 Cycle 8

Select one: □ Case □ Control

Tracking #: _____ CSF Collected? Yes No

Blood Collection: Blood Collected (circle one): Yes No

1. Date Drawn: _____ [MMDDYYYY]
2. Time of Draw: 24 hour clock: _____ [HHMM]
3. Date subject last ate: _____ [MMDDYYYY]
4. Last time subject ate: 24 hour clock: _____ [HHMM]

Blood Processing:

RNA (PAXgene Tube)

Total volume of blood drawn into a 1 x 2.5mL PAXgene RNA tube: _____ mL

Date PAXgene RNA tube placed in -80°C freezer: _____

Time PAXgene RNA tube placed in -80°C freezer: 24 hour clock: _____ [HHMM]

Serum (Red Top Tube)

Time spin started: 24 hour clock: _____ [HHMM] Duration of centrifuge: _____ minutes

Temp of centrifuge: _____ °C Rate of centrifuge: _____ x g

Original volume drawn (1x10mL Serum tube): _____ mL

Time aliquoted: _____ [HHMM] Number of 1.5mL serum aliquots created: _____ x 1.5mL

If applicable, volume of residual serum aliquot (less than 1.5 mL) (Blue cap): _____ mL

If applicable, specimen number of residual serum aliquot (Last four digits): _____

Time aliquots placed in freezer: 24 hour clock: _____ [HHMM] Storage temperature of freezer: _____ °C

Plasma & Buffy Coat (EDTA (Lavender Top) Tube - 10mL)

Time spin started: 24 hour clock: _____ [HHMM] Duration of centrifuge: _____ minutes

Temp of centrifuge: _____ °C Rate of centrifuge: _____ x g

Original volume drawn (4x10mL EDTA tube):

EDTA #1: _____ mL EDTA #2: _____ mL EDTA #3: _____ mL EDTA #4: _____ mL Total Volume: _____ mL

Time aliquoted: _____ [HHMM]

Plasma

Number of 0.5mL plasma aliquots created (green cap): _____ x 0.5mL

Number of 1.0mL plasma aliquots created (purple cap): _____ x 1.0mL

If applicable, volume of residual serum aliquot (Blue cap): _____ mL

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

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

Buffy Coat

Buffy Coat aliquot #1 (last four digits): _____ Buffy Coat aliquot #2 (last four digits): _____

Buffy Coat aliquot #1 Volume: _____ mL Buffy Coat aliquot #2 Volume: _____ mL

Buffy Coat aliquot #3 (last four digits): _____ Buffy Coat aliquot #4 (last four digits): _____

Buffy Coat aliquot #3 Volume: _____ mL Buffy Coat aliquot #4 Volume: _____ mL

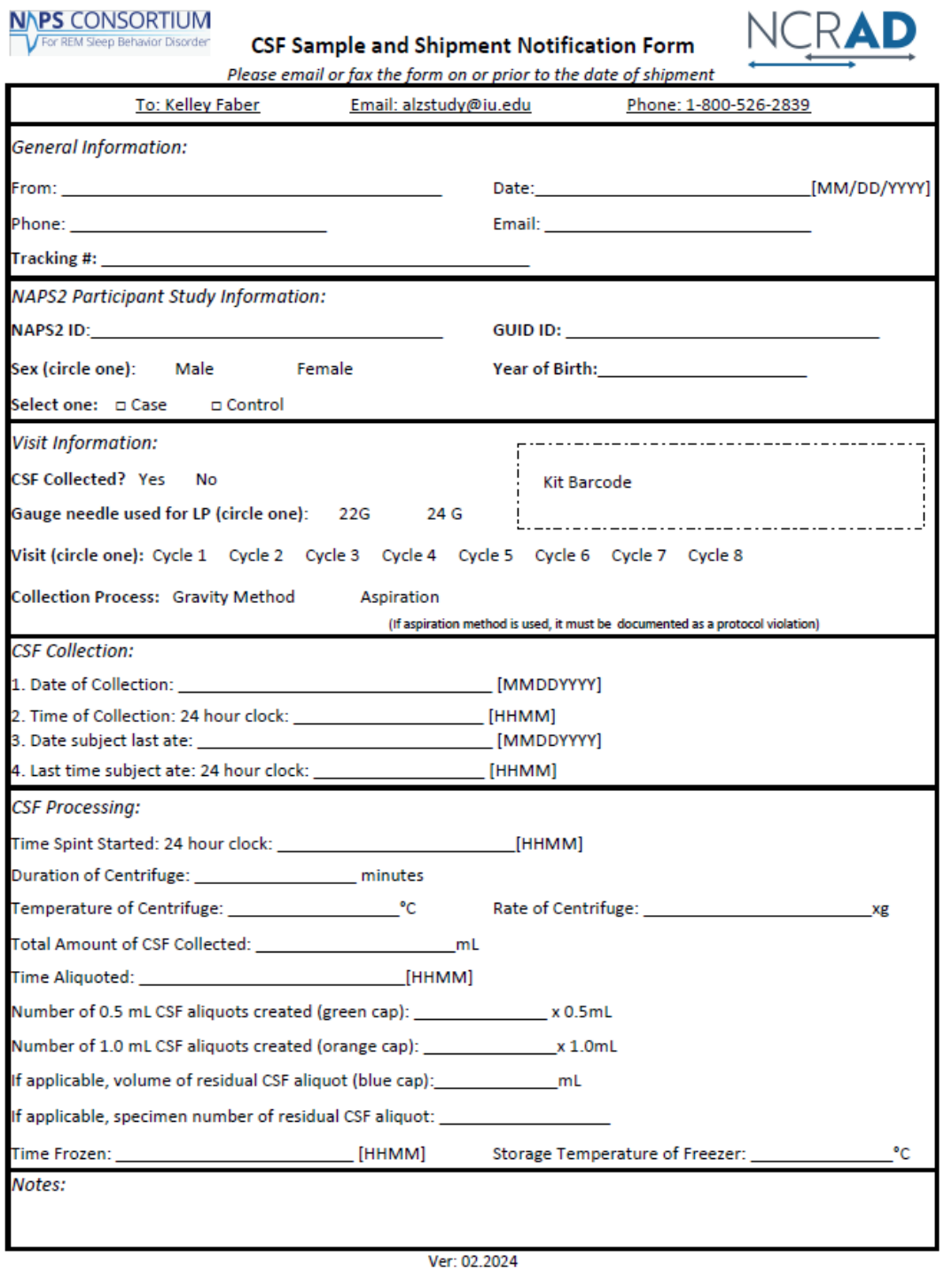
Time aliquots placed in freezer: 24 hour clock: _____ [HHMM] Storage temperature of freezer: _____ °C

Notes:

Ver: 02.2024

Biological Sample and Shipment Notification Form: CSF

- Send by E-mail prior to shipment, and include a copy in each shipment
- REMINDER: PLEASE make sure this form is filled out completely by the person collecting the samples AND the person processing.



NAPS CONSORTIUM For REM Sleep Behavior Disorder

CSF Sample and Shipment Notification Form

NCRAD

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:

From: _____ Date: _____ [MM/DD/YYYY]

Phone: _____ Email: _____

Tracking #: _____

NAPS2 Participant Study Information:

NAPS2 ID: _____ **GUID ID:** _____

Sex (circle one): Male Female **Year of Birth:** _____

Select one: □ Case □ Control

Visit Information:

CSF Collected? Yes No

Kit Barcode

Gauge needle used for LP (circle one): 22G 24 G

Visit (circle one): Cycle 1 Cycle 2 Cycle 3 Cycle 4 Cycle 5 Cycle 6 Cycle 7 Cycle 8

Collection Process: Gravity Method Aspiration

(If aspiration method is used, it must be documented as a protocol violation)

CSF Collection:

1. Date of Collection: _____ [MMDDYYYY]
2. Time of Collection: 24 hour clock: _____ [HHMM]
3. Date subject last ate: _____ [MMDDYYYY]
4. Last time subject ate: 24 hour clock: _____ [HHMM]

CSF Processing:

Time Spint Started: 24 hour clock: _____ [HHMM]

Duration of Centrifuge: _____ minutes

Temperature of Centrifuge: _____ °C Rate of Centrifuge: _____ xg

Total Amount of CSF Collected: _____ mL

Time Aliquoted: _____ [HHMM]

Number of 0.5 mL CSF aliquots created (green cap): _____ x 0.5mL

Number of 1.0 mL CSF aliquots created (orange cap): _____ x 1.0mL

If applicable, volume of residual CSF aliquot (blue cap): _____ mL

If applicable, specimen number of residual CSF aliquot: _____

Time Frozen: _____ [HHMM] Storage Temperature of Freezer: _____ °C

Notes:

Ver: 02.2024

NAPS CONSORTIUM For REM Sleep Behavior Disorder

CSF Sample and Shipment Notification Form

NCRAD

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:

From: Coordinator Name Date: 05/08/2024 [MM/DD/YYYY]

Phone: 111-111-1111 Email: CoordinatorEmail@email.com

Tracking #: ABCDE123456789

NAPS2 Participant Study Information:

NAPS2 ID: NAPS2-00000 GUID ID: NDAR0000000

Sex (circle one): Male (Female) Year of Birth: 1900

Select one: X Case ☐ Control

Visit Information:

CSF Collected? (Yes) No

Gauge needle used for LP (circle one): (22G) 24 G

Kit Barcode

Visit (circle one): (Cycle 1) Cycle 2 Cycle 3 Cycle 4 Cycle 5 Cycle 6 Cycle 7 Cycle 8

Collection Process: (Gravity Method) Aspiration

(If aspiration method is used, it must be documented as a protocol violation)

CSF Collection:

1. Date of Collection: 05/08/2024 [MMDDYYYY]
2. Time of Collection: 24 hour clock: 0917 [HHMM]
3. Date subject last ate: 05/07/2024 [MMDDYYYY]
4. Last time subject ate: 24 hour clock: 1800 [HHMM]

CSF Processing:

Time Spint Started: 24 hour clock: 0925 [HHMM]

Duration of Centrifuge: 10 minutes

Temperature of Centrifuge: 4 °C Rate of Centrifuge: 2000 xg

Total Amount of CSF Collected: 30 mL

Time Aliquoted: 0935 [HHMM]

Number of 0.5 mL CSF aliquots created (green cap): 10 x 0.5mL

Number of 1.0 mL CSF aliquots created (orange cap): 25 x 1.0mL

If applicable, volume of residual CSF aliquot (blue cap): _____ mL

If applicable, specimen number of residual CSF aliquot: _____

Time Frozen: 0945 [HHMM] Storage Temperature of Freezer: -80 °C

Notes:

Ver: 02.2024

NCRAD

NCRAD Website

NCRAD

National Centralized Repository for
Alzheimer's Disease and Related Dementias

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EMPOWERING RESEARCH WITH RELIABLE AND CONSISTENT SAMPLE SERVICES

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National Centralized Repository for Alzheimer's Disease and Related Dementias

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Study Resources

- 4RTNI-2
- 90+ STUDY
- ABC-DS
- ACAD
- ACE
- ADCFB
- ADNI-3,4
- AGMP
- ALLFTD
- APOE
- BBBSR

Study Resources (cont.)

- BENFOTEAM
- BEYONDD
- CADASIL
- CLARITI
- DIAN
- DMDC
- HALS
- OXICU K76
- HEAD
- LEADS
- MCS

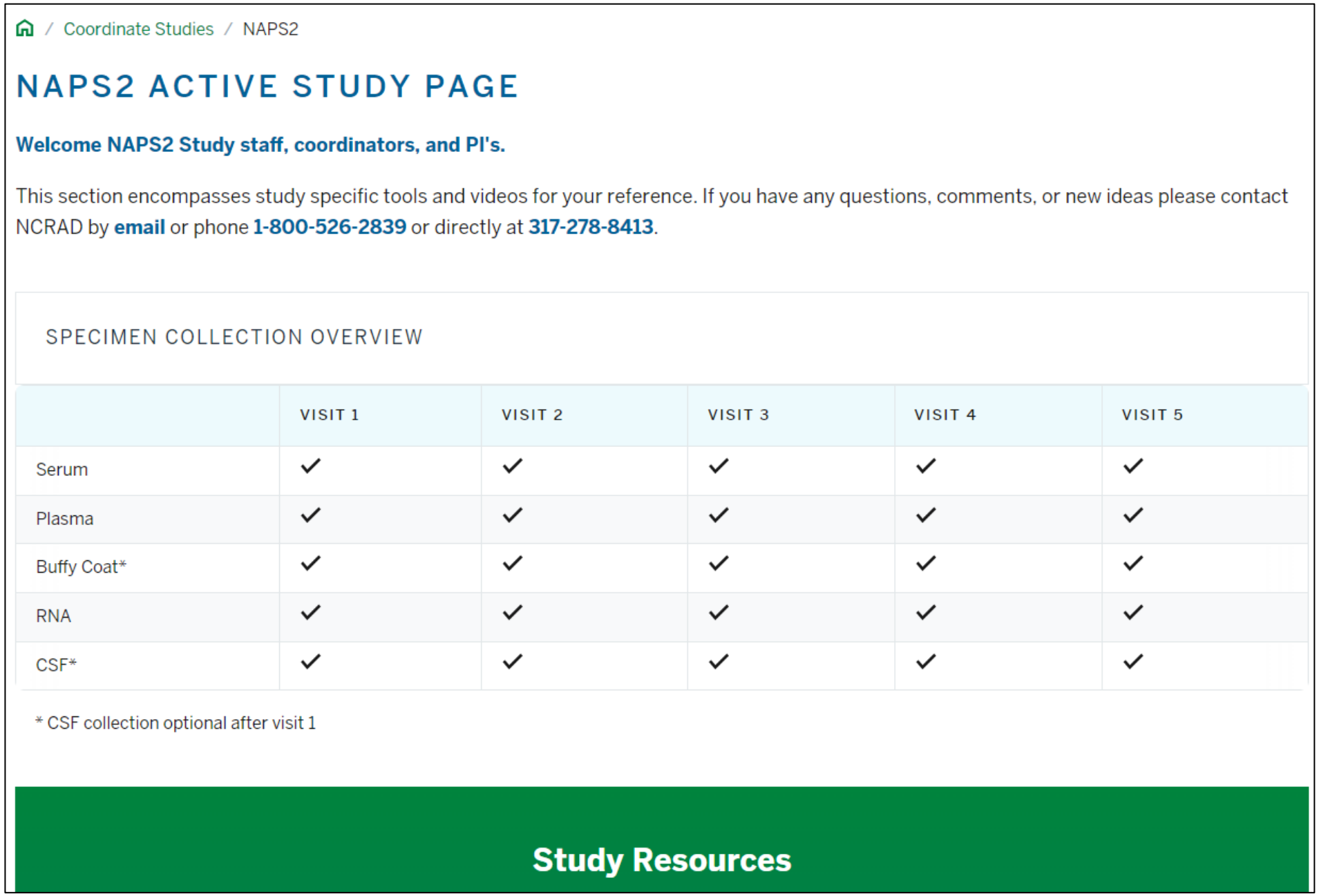
Study Resources (cont.)

- NIA-AD FBS
- NAPS2
- PACT
- PATH
- PSDC
- UW RETINAL
- VERI-T
- VIVA-MIND
- WRAP

NCRAD Website: NAPS2 Active Study Page

https://ncrad.org/coordinate-studies/naps2

Training videos, manual of procedures, and sample forms are available for reference on the NAPS2 Active Study Page.



Coordinate Studies / NAPS2

NAPS2 ACTIVE STUDY PAGE

Welcome NAPS2 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

	VISIT 1	VISIT 2	VISIT 3	VISIT 4	VISIT 5
Serum	✓	✓	✓	✓	✓
Plasma	✓	✓	✓	✓	✓
Buffy Coat*	✓	✓	✓	✓	✓
RNA	✓	✓	✓	✓	✓
CSF*	✓	✓	✓	✓	✓

* CSF collection optional after visit 1

Study Resources

NCRAD Website: Friday Blood Draws

https://ncrad.org/contact/friday-blood-draws

WHAT TO DO FOR FRIDAY BLOOD DRAWS

NCRAD is not open for business on Saturday or Sunday; therefore, we ask that no samples be shipped on a Friday. We cannot guarantee the conditions in which the samples will be held by the shipping courier over the weekend. It is important to have plans in place for each type of sample to be held over the weekend prior to shipping. Please refer to the table below for how to handle samples drawn on a Friday.

When possible, please only ship frozen samples on Monday-Wednesday. There is always the potential for an unexpected shipping courier delay and by shipping Monday through Wednesday there should be enough time to receive the samples before the weekend

SAMPLE TYPE	TUBE TYPE	PRODUCT	SHIPMENT METHOD	FRIDAY DRAW INSTRUCTIONS
Whole Blood	Sodium Heparin	PBMC	Ambient	DO NOT DRAW ON FRIDAY. Must be drawn on Monday – Thursday.
Whole Blood	EDTA Tube	DNA Only	Ambient	Do NOT refrigerate. Please keep sample at room temperature until the specimen can be shipped via next day delivery methods the following Monday.
Whole Blood	EDTA Tube	DNA Only	Frozen	Whole blood in EDTA may be frozen in a -80°C freezer within 5 days of collection and shipped frozen on dry ice to NCRAD to remain within the stability window for DNA extraction.
Whole Blood	ACD Solution A Tube	Lymphoblastoid Cell Lines	Ambient	Do NOT refrigerate. Please keep sample at room temperature until the specimen can be shipped via next day delivery methods the following Monday.
Whole Blood	PAXgene™ Tube	RNA	Frozen	The PAXgene™ Tube must be placed on a **wire rack** and stored in a -80°C freezer. The sample may then be packaged with dry ice pellets and shipped as the study MOP dictates.
Cerebral Spinal Fluid	Polypropylene Aliquot Tubes	CSF	Frozen	CSF must be processed and aliquoted locally the day of collection. Once aliquoted, samples are stored upright in a -80°C freezer until shipment. The aliquots may then be packed with dry ice pellets and shipped as the study MOP dictates.
	Polypropylene			Plasma must be processed and aliquoted locally the day of collection. Once aliquoted, samples are stored upright in a -80°C freezer before shipment. The

NCRAD Website: Holiday Closures

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

HOLIDAY CLOSURES

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

Please Note: *between December 24th and January 2nd, Indiana University will be open Monday through Friday for essential operations ONLY and will re-open for normal operations on January 2nd. If at all possible, biological specimens for submission to Indiana University should NOT be collected and shipped to Indiana University after the second week of December. Should it be necessary to ship blood samples for DNA extraction to Indiana University during this period, please contact the Indiana University staff before December 20th by e-mailing alzstudy@iu.edu, so that they can arrange to have staff available to process incoming samples.*

Please Note: *Courier services may observe a different set of holidays. Please be sure to verify shipping dates with your courier prior to any holiday.*

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