



Longitudinal Investigation for Enhancing Down Syndrome  
Research (LIFE-DSR) Study

*of the*

Down Syndrome – Clinical Trials Network

*in collaboration with*

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

Biofluid Collection, Processing and Shipment Training Slides

Version 6.2

# Contact Information

Questions?

**Zoë Potter, BA, CCRP, Study Coordinator**

Phone: (317) 278-9086

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

**General NCRAD Contact Information**

Phone: 1-800-526-2839

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



# Training Overview

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- **Main Study – Plasma and DNA**
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  - Specimen Labels
  - Handling/Processing Study Specimens
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  - Subset Collection Schedule
  - Specimen Labels
  - Handling/Processing Study Specimens
  - Sample Shipping
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- **Creating Airbills/Scheduling Pickups via ShipExec**
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- **Questions?**



# LIFE-DSR Kit Request Module

<http://kits.iu.edu/lifedsr>



# LIFE-DSR Kit Request Module

If possible, only order what you will need in the next month

**NCRAD**  
LIFE-DSR Kit Request System

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.

Please enter your email address here to receive a confirmation email after completing the survey:   
\* must provide value

Site  \* must provide value

201 - Advocate Medical Group Adult Down Syndrome Center  
ATTN: Nicholas Armijo  
Study Lead  
1775 Dempster St.  
Suite W984  
Park Ridge, IL 60068  
Phone: 847-723-7610  
Email: nicholas.armijo@aah.org

Is the contact name above correct?  Yes  No \* must provide value [reset](#)

Is the shipping address above correct?  Yes  No \* must provide value [reset](#)

Is the e-mail address above correct?  Yes  No \* must provide value [reset](#)

- Enter your email to receive a confirmation email after you submit your kit request.
- Choose your site from the drop-down list.
- The coordinator name and contact information will appear.
- Verify that this information is accurate. Correct if necessary.

# LIFE-DSR Kit Request Module

LIFE-DSR Blood-Based Kit Qty

LIFE-DSR Blood-Based Supplemental Supply Kit Qty

LIFE-DSR Small Frozen Blood Shipping Supply Kit Qty (fits up to 3 25-slot cryoboxes)

LIFE-DSR Large Frozen Blood Shipping Supply Kit Qty (fits up to 5 25-slot cryoboxes)

LIFE-DSR Blood Substudy Kit Qty

LIFE-DSR CSF Substudy Kit Qty

22G Lumbar Puncture Tray Kit Qty

LIFE-DSR Substudy Ambient Shipping Supply Kit Qty

LIFE-DSR Substudy Frozen Shipping Supply Kit Qty

LIFE-DSR Substudy Supplemental Kit Qty

Do you need Extra Supplies?  Yes  No  
\* must provide value reset

Standard shipping time for orders is 2-3 weeks. If you need any items expedited, please indicate the earliest date you will need these supplies and specify which items will need to be expedited in the comments section.   M-D-Y

Comments  Expand

Each LIFE-DSR Blood-Based Kit Contains (KIT219.2):  
5- EDTA (Lavender-Top) Blood Collection Tube (10 ml)  - C7001 or C7003

- Indicate the quantity needed of each kit
  - Once selected, kit components of the chosen kit will appear at the bottom of the screen
- You can order extra supplies individually by selecting “Yes” here.
- Please indicate the soonest date you will need the requested supplies
  - We typically return requests within 2-3 weeks from the order date.
- Click “Submit” to turn in your request.
- \*\*Note: You can order more than one type of kit in a single kit request\*\*

# LIFE-DSR Kit List

- **Main Study – Plasma and DNA**
  - LIFE-DSR Blood-Based Kit
  - LIFE-DSR Blood-Based Supplemental Kit
  - LIFE-DSR Small Frozen Blood Shipping Supply Kit
    - Fits up to (3) 25-slot cryoboxes
  - LIFE-DSR Large Frozen Blood Shipping Supply Kit
    - Fits up to (5) 25-slot cryoboxes
- **Addendum 1 Subset – RNA, PBMC and CSF**
  - LIFE-DSR Blood Substudy Kit
  - LIFE-DSR CSF Substudy Kit
  - 22G LP Tray Kit
  - LIFE-DSR Substudy Ambient Shipping Kit
  - LIFE-DSR Substudy Frozen Shipping Kit
  - LIFE-DSR Substudy Supplemental Kit

# Main Study

## Plasma and DNA





# Blood-Based Collection Schedule

## Plasma and DNA

	Baseline	16M	32M
Plasma	X	X	X
DNA*	X	X	X

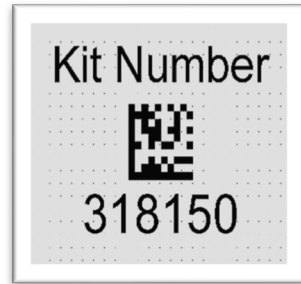
\*Buffy coats used to extract DNA.

# Specimen Labels

Provided by NCRAD



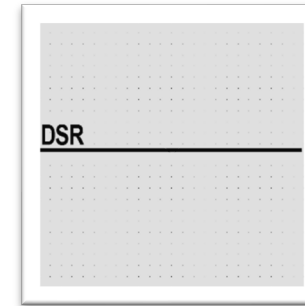
# Three Label Types



Kit Number  
Labels



Collection and  
Aliquot Tube  
Labels



LIFE-DSR ID  
Labels

# Kit Number Labels



- Used to track patient samples and provide quality assurance – Will be placed on the following locations :
  1. Blood Sample and Shipment Notification Forms
  2. Outside cryobox that houses aliquot tubes during storage and shipment

# Collection and Aliquot Tube Labels

 LIFE-DSR

0042605400

PLASMA

Kit #: 318150



 LIFE-DSR

0042605400

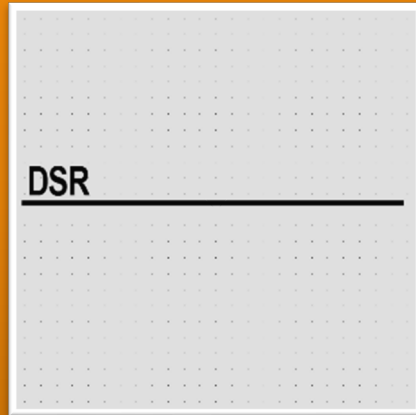
BUFFY COAT

Kit #: 318150



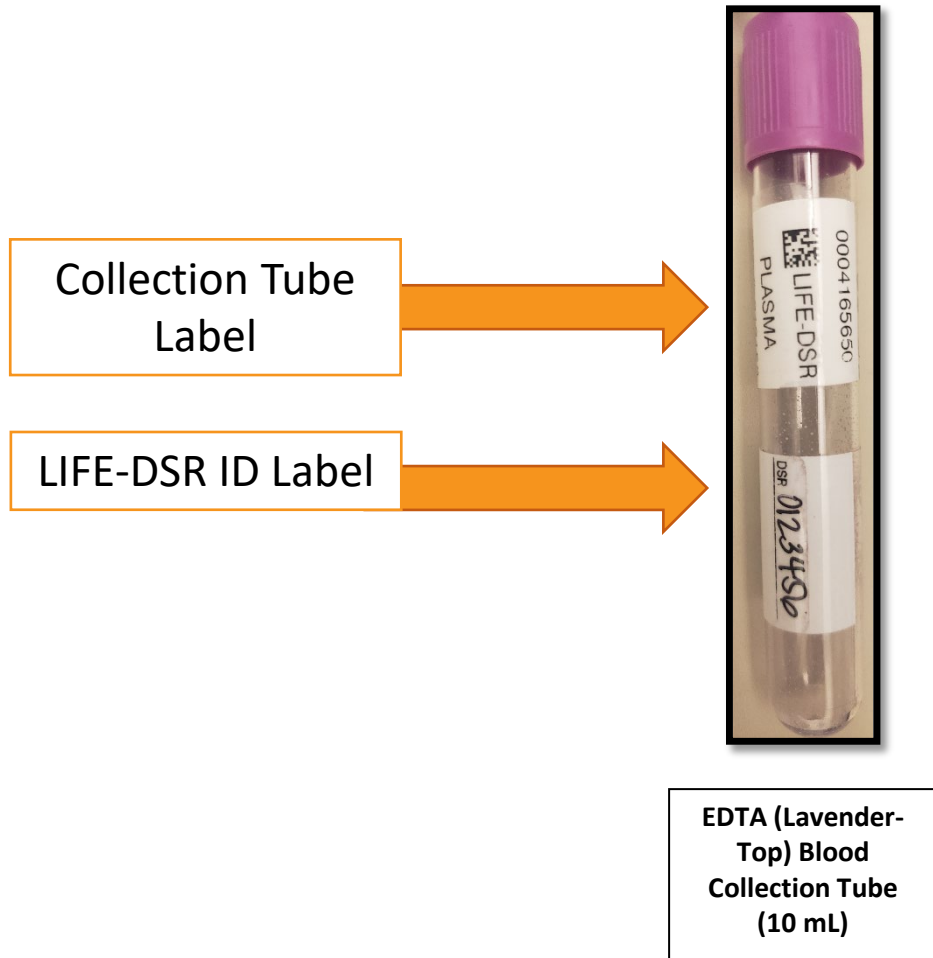
- Collection and Aliquot Tube labels have 4 components:
  - Study name
  - 10-digit specimen number (assigned by NCRAD)
  - Specimen type
  - Kit number (assigned by NCRAD)
    - Unique to subject AND visit
- Will be placed on the following locations:
  - All collection and aliquot tubes
    - EDTA (Lavender-Top) Blood Collection Tube (10 mL)
    - Lavender Cap Plasma Aliquot Tubes
    - Clear Cap Buffy Coat Aliquot Tubes
    - Blue Cap Residual Plasma Aliquot Tube

# LIFE-DSR ID Labels

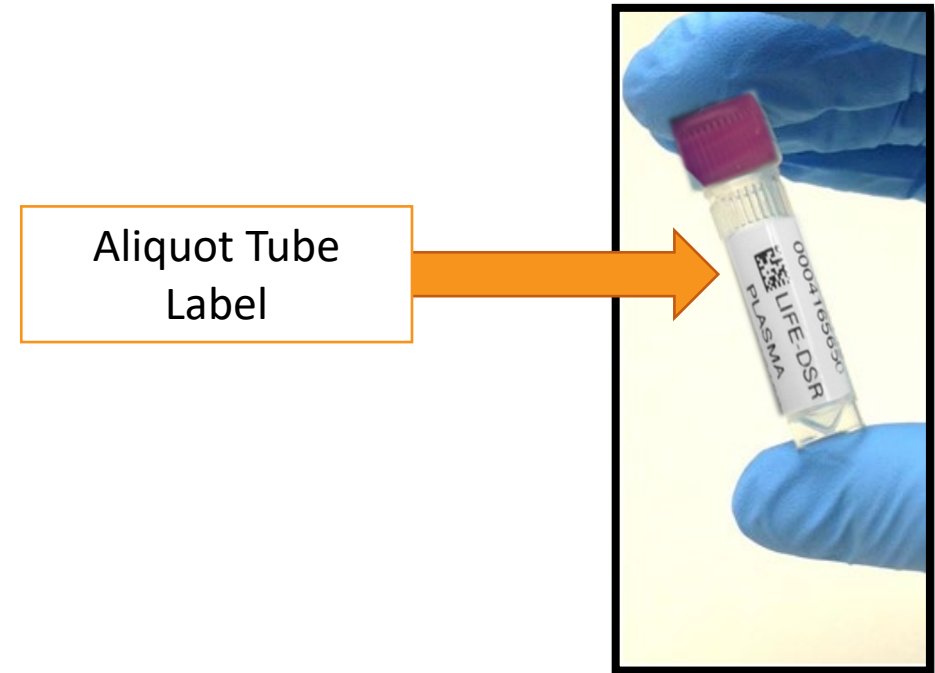


- Subjects will be identified by their LIFE-DSR ID
- Sites will be responsible for handwriting this onto the provided labels
  - Must use fine point permanent marker
- Will be placed on the following locations:
  - All collection tubes
    - EDTA (Lavender-Top) Blood Collection Tube (10 mL)

# EDTA Collection Tube Labels:

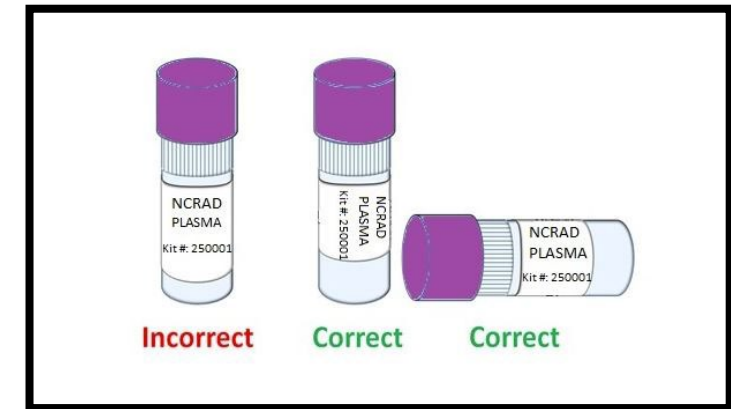
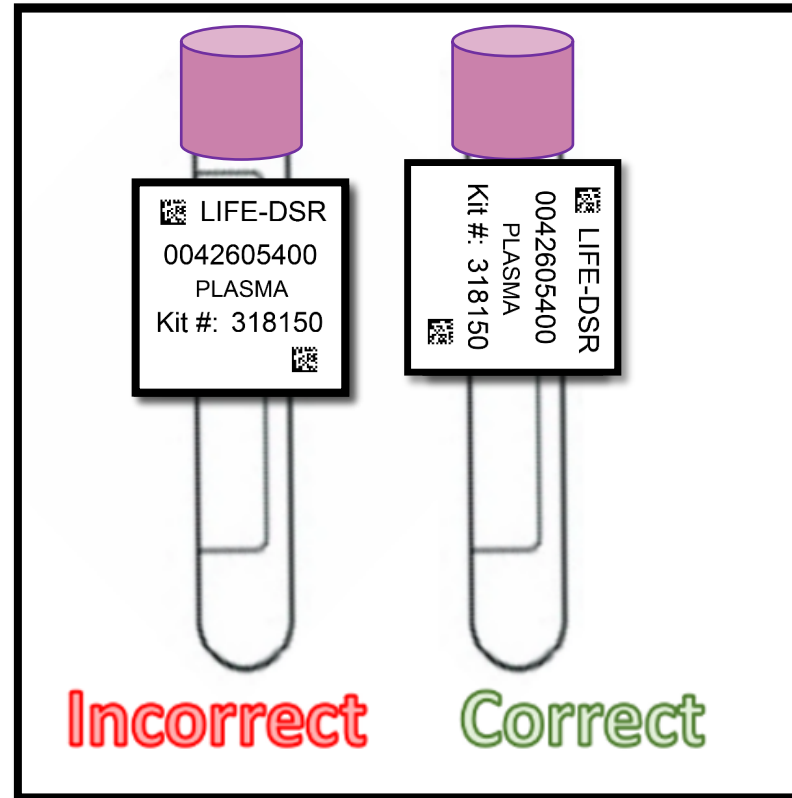


# Plasma and Buffy Coat Aliquot Tube Labels:



# Properly Labeling Biologic Samples:

- Label all collection and aliquot tubes *before* cooling, 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





# Handling/Processing Study Specimens



# Site Required Equipment


## **BLOOD COLLECTION/SAFETY EQUIPMENT**

- 1) Personal Protective Equipment:
  - 1) lab coat, nitrile/latex gloves, safety glasses
- 2) Tourniquet
- 3) Alcohol Prep Pad
- 4) Gauze Pad
- 5) Bandage
- 6) Butterfly needles (21 gauge) and hub
- 7) Microcentrifuge tube rack
- 8) Sharps bin and lid

## **PROCESSING/STORAGE EQUIPMENT**

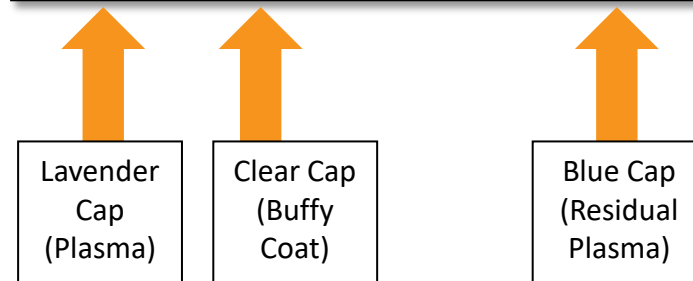
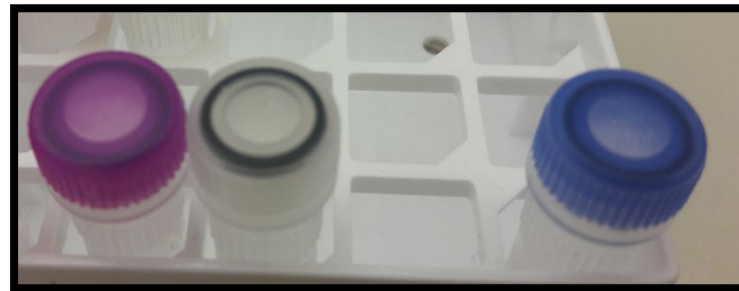
- 1) Centrifuge capable of  $\geq 2000 \times g$  with refrigeration to 4°C
- 2) -80 ° C Freezer
- 3) Wet Ice Bucket
- 4) Wet Ice
- 5) Dry Ice - ~45 lbs.. per shipment

# Plasma and Buffy Coat Collection Tubes

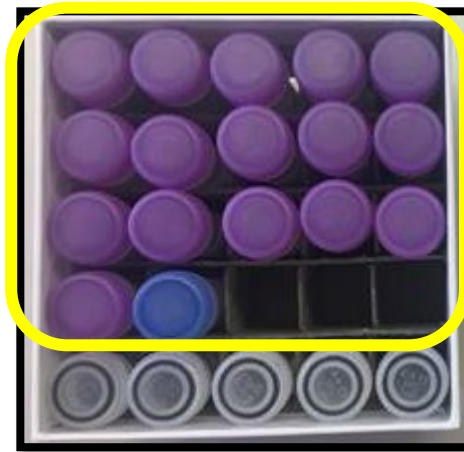
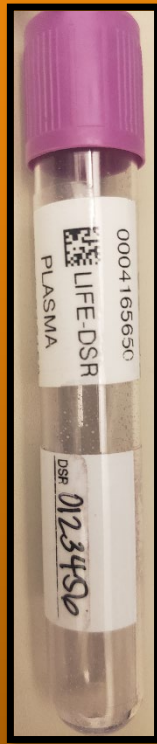
Tube Type	Number of Tubes Drawn	Tube Image
1. EDTA (Lavender-Top) Tube (10 ml)	X 5	 A photograph of a single 10 ml EDTA (Lavender-Top) Tube. The tube is clear plastic with a purple cap. It is lying horizontally. On the side of the tube, there is printed text: '1366643', 'EA (C2)', '10 ml', '47149', and '21-01'.

# Aliquot Cap Colors

Cap Color	Sample Type
Lavender Cap	Plasma
Blue Cap	Plasma Residual (<1.5 mL) (Document Specimen Number and Volume of Residual Aliquot on Sample Form)
Clear Cap	Buffy Coat



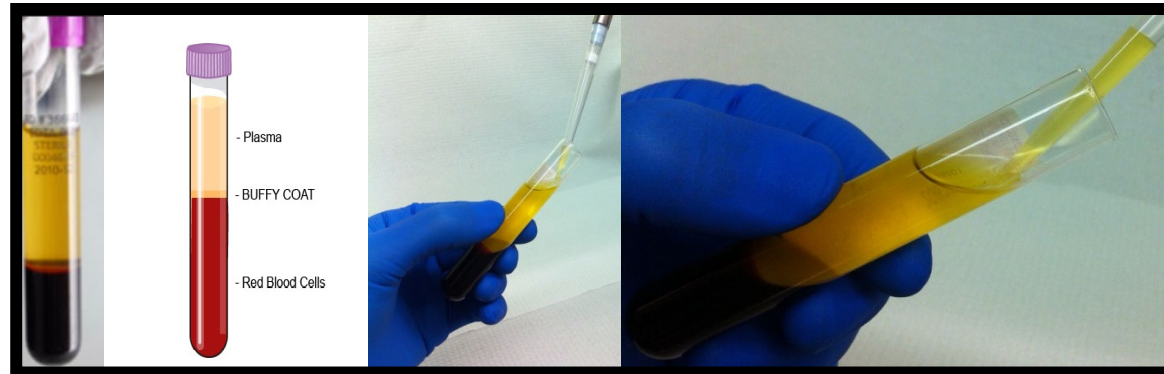
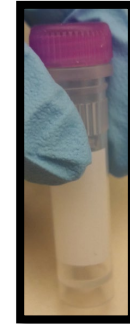
# Plasma Collection



25 cell cryobox with 2 mL cryovials – sent to NCRAD

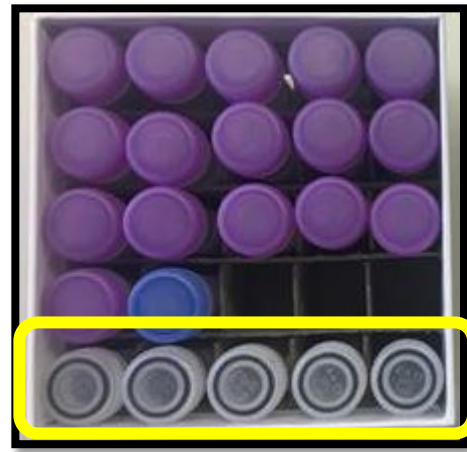
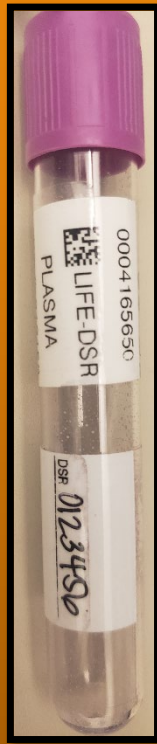
- 5 x EDTA (Lavender-Top) Blood Collection Tube (10 mL)
  - Create up to (17) 1.5 mL plasma aliquots
    - If residual aliquot created, document specimen number and volume on sample form

Close up view of 2.0 ml Cryovial



**NOTE: When pipetting plasma from the plasma tube into the 50 mL conical tube, be very careful to pipette the plasma top layer only, leaving the buffy coat and the red blood cell layers untouched.**

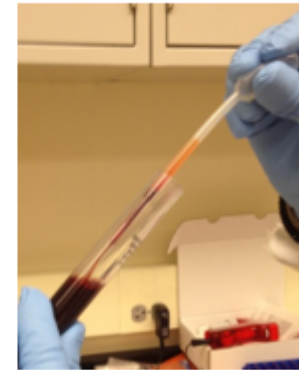
# Buffy Coat Collection



25 cell cryobox with 2 mL cryovials – sent to NCRAD

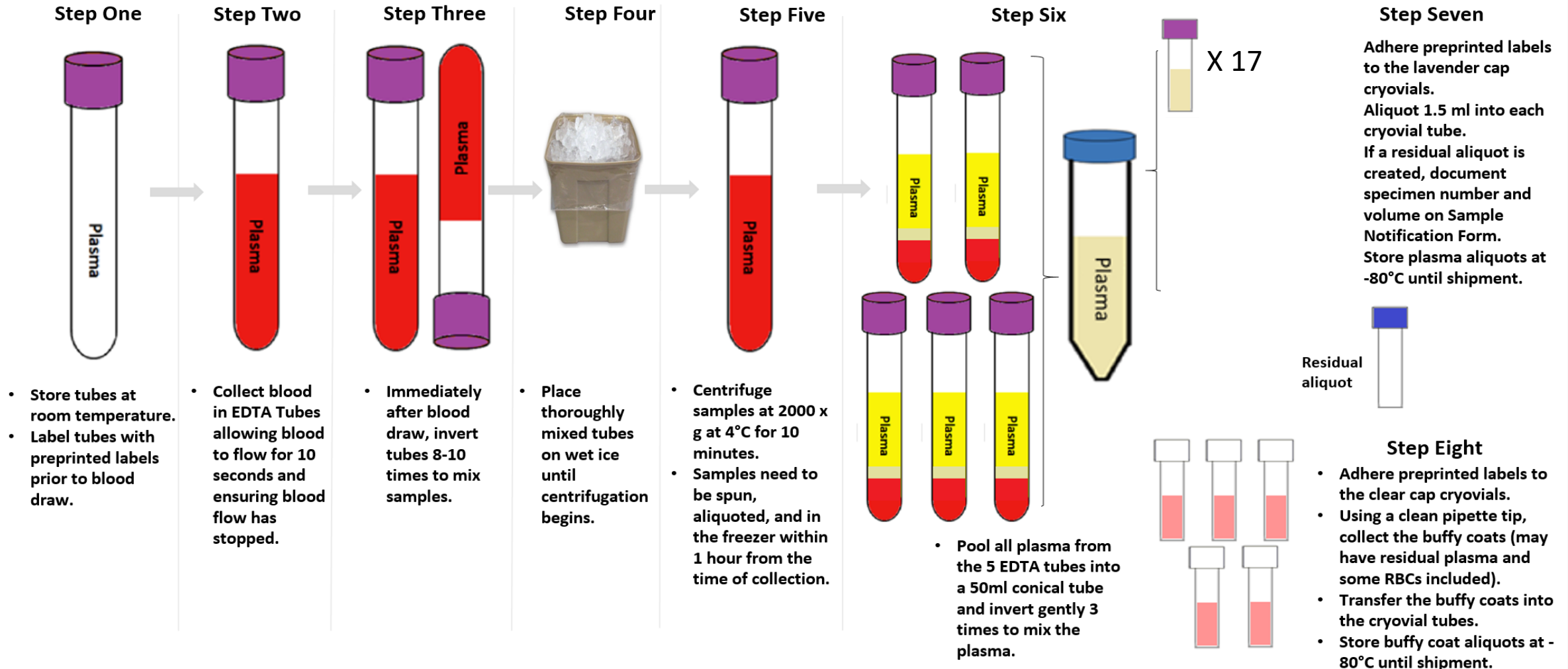
- 5 x EDTA (Lavender-Top) Blood Collection Tube (10 mL)
  - Create up to (5) 1 mL buffy coat aliquots
    - Expected to have a reddish color from the RBCs.
    - Be sure to only place the buffy coat from one EDTA tube into each cryovial

Buffy Coat layer (mixed with RBCs)



Buffy Coat Aliquot (Please use CLEAR CAP)

# Plasma and Buffy Coat Preparation (10ml Lavender-Top Tube x 5)



**Important Note:** Ensure all tubes are not expired prior to collection and processing of samples.

# Incomplete or Difficult Blood Draws

## **\*\*\*Important Note\*\*\***

**If challenges arise during the blood draw process, it is advised that the phlebotomist discontinue the draw. Attempt to process and submit any blood-based specimens that have already been collected to NCRAD.**

**Document difficulties on the 'Biological Sample and Shipment Notification Form' prior to submission to NCRAD. Contact NCRAD and alert them of the challenging blood draw.**

## **\*\*\*Important Note\*\*\***

**If the biofluids at a scheduled visit are not collected, contact the LIFE-DSR Study Team to alert them of the challenging blood draw or circumstances as to why biofluids were not collected:**

Aisha Vanderhorst: [avanderhorst@lumindidsc.org](mailto:avanderhorst@lumindidsc.org)

Jill MacDougall: [jmacdougall@lumindidsc.org](mailto:jmacdougall@lumindidsc.org)

LuMind General Contact: [lifedsr@lumindidsc.org](mailto:lifedsr@lumindidsc.org)





# Packaging and Shipping Samples

## Plasma and DNA



# Blood Sample Shipment Summary

Sample Type	Processing/ Aliquoting	Tubes to NCRAD	Ship
<b>Whole blood (Lavender-Top EDTA) for isolation of plasma &amp; buffy coat (for DNA extraction)</b>	1.5 mL plasma aliquots per 2.0 mL cryovial (lavender cap); residual volume placed in 2.0 mL cryovial with blue cap	Up to 17	<b>Frozen</b>
	1 mL buffy coat aliquot per 2.0 mL cryovial (clear cap)	5	<b>Frozen</b>

# Frozen Shipping

## Plasma and DNA



# Notify NCRAD When Samples Ship:

1. **Notify NCRAD of shipment** by emailing NCRAD coordinators at: [alzstudy@iu.edu](mailto:alzstudy@iu.edu)
  - Attach the following to the email:
    - Completed Biological Sample and Shipment Notification Form ([Appendix B](#) – also found on the [NCRAD - LIFE-DSR Active Study Page](#)).
    - If email is unavailable, please call NCRAD and do not ship until you've contacted and notified NCRAD coordinators about the shipment in advance.
    - Please include the tracking number in the body of the email.
    - **Place physical copy of the filled out Biological Sample and Shipment Notification Form (Appendix B) in your shipment.**

# Frozen Shipment Packaging:

Place all frozen labeled aliquots of plasma and buffy coat in the cryovial cryoboxes.



Place kit number label(s) on cryoboxes

Place up to 17 plasma and 5 buffy coat cryovials per participant visit inside 25 cell cryobox. Label cryobox with kit number label and place inside biohazard bag. Seal biohazard bag according to the instructions on the bag. Ship to NCRAD frozen.

# Frozen Shipment Packaging

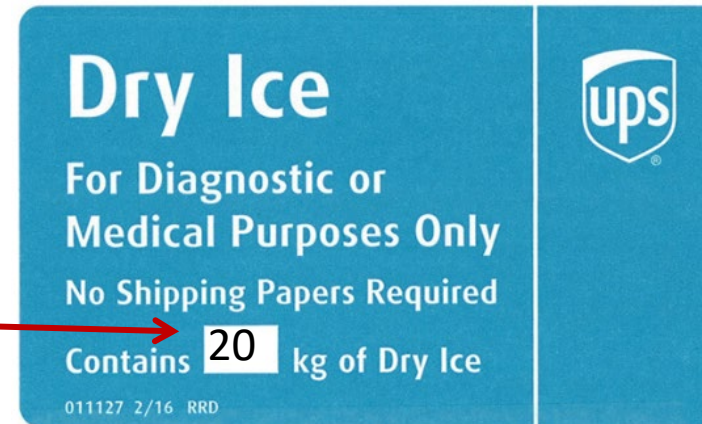
- Place 2-3 inches of dry ice in the bottom of the Styrofoam shipping container, then insert the cryoboxes laying upright.
- Fully cover the cryoboxes with about 2 inches of dry ice in the provided shipper.
- Each Styrofoam shipper must contain about 45 lbs. (20 kg) of dry ice.
- Fill shipper to the top with dry ice!



# Frozen Shipping Dry Ice Requirements

- Apply all provided warning labels and the pre-printed UPS return airbill to the outside of package, taking care not to overlap labels.

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**

# Critical Frozen Shipping Instructions

**1. Hold packaged samples in -80°C freezer until time of UPS pick-up/drop-off.**

**2. Frozen samples should be shipped via UPS Next Day Air**

**3. Frozen shipments should be sent Monday through Wednesday ONLY to avoid shipping delays on Thursday or Friday.**

**BE AWARE OF HOLIDAYS and current weather conditions!**

**4. Remember to complete the requisition forms and include a copy in your shipment: Biological Sample and Shipment Notification (Appendix B).**



# Batch Shipping

Batch shipping should be performed every (3) three months or when specimens from 5 participants accumulates, whichever is sooner.

- If small shipper, batch ship up to 3 participants.

**\*\*\*Important Note for Frozen Shipments ONLY\*\*\***

**Batch shipping main study specimens and subset study specimens together:** If shipping main study specimens same day as a subset collection, the 25-slot cryoboxes holding plasma and buffy coats from main study can be batch shipped with the subset specimens (PAXgene™ tube, 15 mL conical holding Cryogenic vial of CSF cells, and 48-slot cryobox holding CSF aliquots). Ensure there is ~45 lbs.. of dry ice for large shippers and ~14 lbs.. for small shippers.



Large Frozen Shipper – fits 5 25-slot cryoboxes and ~45 lbs.. dry ice



Small Shipper – fits 3 25-slot cryoboxes and ~14 lbs.. dry ice

# Shipping Regulations and Training

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.

## 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 Forms



# Appendix A: Rate of Centrifuge Worksheet

## Appendix A Rate of Centrifuge Worksheet

Please complete and return this form by fax or email to the NCRAD Project Manager if you have any questions regarding sample processing. The correct RPM will be sent back to you.

### Submitter Information

Name:

Site:

Submitter e-mail:

### Centrifuge Information

Please answer the following questions about your centrifuge.

#### Centrifuge Type

Fixed Angle Rotor:

Swing Bucket Rotor:

Radius of Rotation (mm):

Determine the centrifuge's radius of rotation (in mm) by measuring distance from the center of the centrifuge spindle to the bottom of the device when inserted into the rotor (if measuring a swing bucket rotor, measure to the middle of the bucket).

Calculating RPM from G-Force:

$$\text{RCF} = \left( \frac{\text{RPM}}{1,000} \right)^2 \times r \times 1.118 \Rightarrow \text{RPM} = \sqrt{\frac{\text{RCF}}{r \times 1.118}} \times 1,000$$

RCF = Relative Centrifugal Force (G-Force)

RPM = Rotational Speed (revolutions per minute)

R= Centrifugal radius in mm = distance from the center of the turning axis to the bottom of centrifuge

Comments:

Please send this form to NCRAD Study Coordinator

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

### Note:

Use Rate of Centrifugation Worksheet to calculate RPM, if needed.

# Appendix B: Biological Sample and Shipment Notification Form ([link](#))



## Appendix B



Participant ID: DSR \_\_\_\_\_  
**Biological Sample and Shipment Notification Form**

Please email or fax this from prior to the date of shipment.

To: Kelley Faber		Email: <a href="mailto:alzstudy@iu.edu">alzstudy@iu.edu</a>		Phone: 1-800-526-2839	
<b>General Information:</b>			UPS tracking #: _____		
From: _____			Date: _____		
Phone: _____			Email: _____		
<b>Study:</b> LIFE-DSR			<b>Kit #:</b> _____		
<b>Visit (circle one):</b> <input type="checkbox"/> BASELINE <input type="checkbox"/> MONTH 16 <input type="checkbox"/> MONTH 32			KIT BARCODE		
<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Year of Birth:</b> _____				
<b>Blood Collection:</b>					
1. Date Drawn: _____ [MMDDYY]		2. Time of Draw: _____ [HHMM]			
3. Last time subject ate: _____ [MMDDYY]		4. Last time subject ate: _____ [HHMM]			
<b>Blood Processing:</b>					
<b>Plasma &amp; Buffy Coat (Lavender-top) Tube (10 mL)</b>					
Time spin started: _____			_____ [HHMM]		
Duration of centrifuge: _____			_____ Minutes		
Temp of Centrifuge: _____ °C		Rate of centrifuge: _____ x g			
Time aliquoted: _____			_____ [HHMM]		
Number of 1.5 mL plasma aliquots created (lavender cap): _____					
If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue cap): _____ mL					
If applicable, specimen number of residual plasma aliquot (last four digits): _____					
Buffy coat #1 last four digits of specimen number: _____					
Buffy coat #1 volume: _____ mL		Original blood volume drawn: _____ mL			
Buffy coat #2 last four digits of specimen number: _____					
Buffy coat #2 volume: _____ mL		Original blood volume drawn: _____ mL			
Buffy coat #3 last four digits of specimen number: _____					
Buffy coat #3 volume: _____ mL		Original blood volume drawn: _____ mL			
Buffy coat #4 last four digits of specimen number: _____					
Buffy coat #4 volume: _____ mL		Original blood volume drawn: _____ mL			
Buffy coat #5 last four digits of specimen number: _____					
Buffy coat #5 volume: _____ mL		Original blood volume drawn: _____ mL			
Time aliquots placed in freezer: _____			_____ [HHMM]		
Storage temperature in freezer: _____			_____ °C		
<b>Notes:</b>					
_____					
_____					

### Note:

Please ensure Sample Notification Forms are filled out in their entirety. Complete during the participant study visit as samples are processed to guarantee accuracy.



# Addendum 1 Subset

## RNA, PBMC, and CSF



**\*\*\*Important Note\*\*\***

All Substudy samples should be collected Monday – Wednesday ONLY and shipped ON DAY OF COLLECTION

# Substudy Collection Schedule

## RNA, PBMC, and CSF

	Baseline/16M*	16M/32M*
RNA	X	X
PBMC	X	X
CSF	X	X

\*Collection will be at 2 time-points – Either BL and M16 OR M16 and M32.

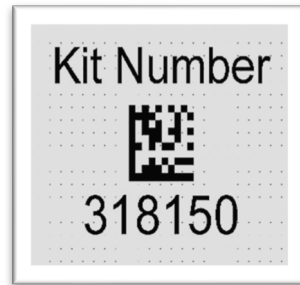
# Specimen Labels

Provided by NCRAD

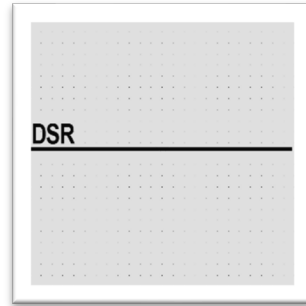




# Four Label Types



Kit Number  
Labels



LIFE-DSR ID  
Labels



Collection Tube  
Labels



Cryovial Labels

# Kit Number Labels



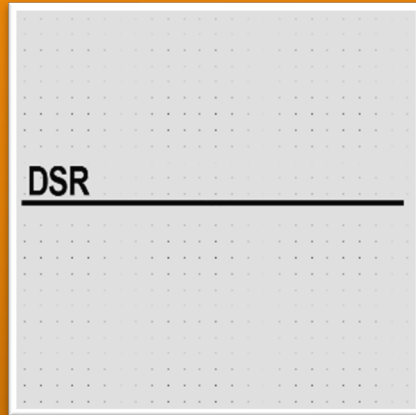
- Used to track patient samples and provide quality assurance – Will be placed on the following locations :
  1. Sample and Shipment Notification Forms
  2. Outside cryobox that houses aliquot tubes during storage and shipment

# Collection Tube Labels



- Collection and Aliquot Tube labels have 4 components:
  - Study name
  - 10-digit specimen number (assigned by NCRAD)
  - Specimen type
  - Kit number (assigned by NCRAD)
    - Unique to subject AND visit
- Will be placed on the following locations:
  - All collection tubes and cryogenic vial (2 mL) containing CSF cells/pellet
    - PAXgene™ Blood Collection Tube (2.5 ml)
    - NaHep (Green-Top) Blood Collection Tube (10 ml)
    - Self-standing Cryogenic vial (2 mL)

# LIFE-DSR ID Labels



- Subjects will be identified by their LIFE-DSR ID
- Sites will be responsible for handwriting this onto the provided labels
  - Must use fine point permanent marker
- Will be placed on the following locations:
  - All collection tubes
    - PAXgene™ Blood Collection Tube (2.5 ml)
    - NaHep (Green-Top) Blood Collection Tube (10 ml)
    - (1) Conical Tube (15 mL) - *Place Cryogenic vial containing CSF cells/pellet in labeled 15 mL conical for shipping.*

# Cryovial Labels

LIFE-DSR  
CSF  
Kit # 318151

- Only one label to be placed on each 2.0 mL cryovial
  - **CSF**
    - Smooth Orange Cap Cryovials (CSF)
    - Blue Cap Cryovial (CSF Residual)

# PBMC and RNA Tube Labels:

Collection Tube Label



NaHep (Green-Top) Blood Collection Tube (10 ml)

LIFE-DSR ID Label



PAXgene™ Blood Collection Tube (2.5 ml)

# CSF Cells/Pellet Tube and Conical Labels:

Collection Tube Label



Self-standing Cryogenic vial (2 mL)

LIFE-DSR ID Label

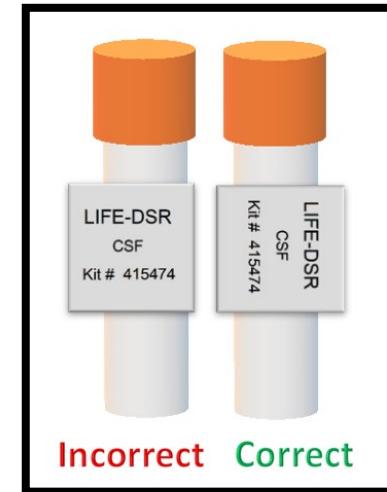
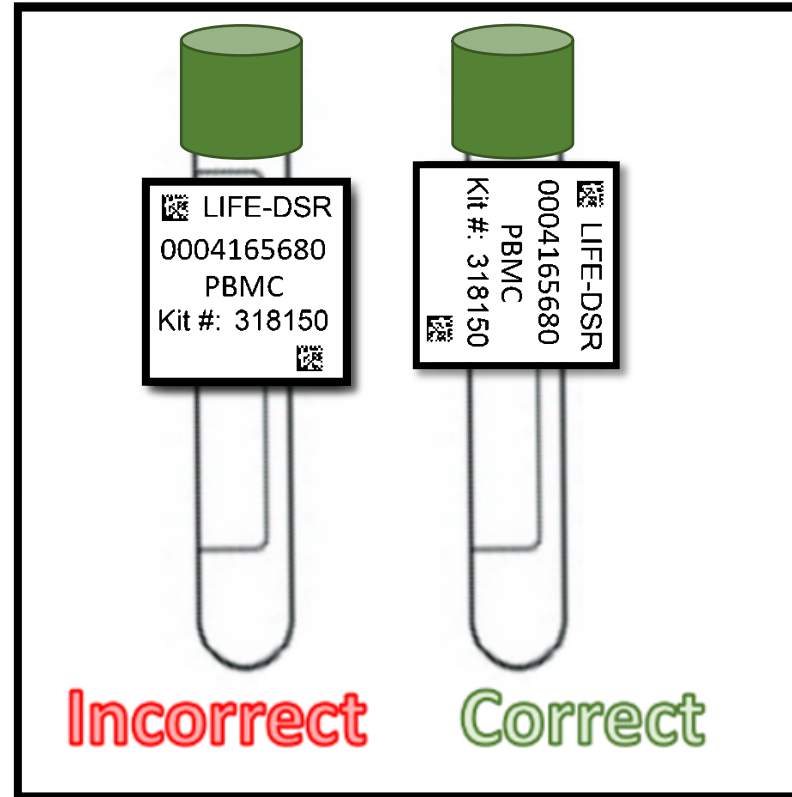


Conical Tube (15 mL)

Self-standing Cryogenic vial will not fit in the 48-slot Cryobox due to the size of the tube. Place Cryogenic vial containing CSF cells in labeled 15 mL conical for shipping.

# Properly Labeling Biologic Samples:

- Label all tubes *before* cooling, 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



# Handling/Processing Study Specimens





# Site Required Equipment


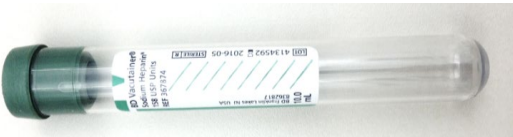

## **BLOOD COLLECTION/SAFETY EQUIPMENT**

- 1) Personal Protective Equipment:
  - 1) lab coat, nitrile/latex gloves, safety glasses
- 2) Tourniquet
- 3) Alcohol Prep Pad
- 4) Gauze Pad
- 5) Bandage
- 6) Butterfly needles (21 gauge) and hub
- 7) Microcentrifuge tube rack
- 8) Sharps bin and lid

## **PROCESSING/STORAGE EQUIPMENT**

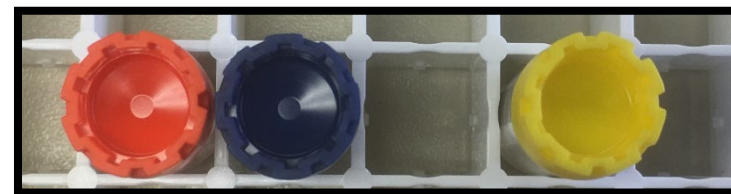
- 1) Centrifuge capable of  $\geq 350 \times g$  with refrigeration to 4°C
- 2) -80 ° C Freezer
- 3) Wet Ice Bucket
- 4) Wet Ice
- 5) Dry Ice - ~10 lbs.. per shipment
- 6) CoolCell® - provided by NCRAD

# Blood and CSF Collection Tubes

Tube Type	Number of Tubes Drawn	Tube Image
1. PAXgene™ Tube for RNA (2.5 mL)	X 1	 A small, clear plastic tube with a white cap and a red label. The label includes the PAXgene logo and '2.5 mL'.
2. Sodium Heparin (Green-Top) Blood Collection Tube (10 mL)	X 5	 A clear plastic tube with a green cap and a white label. The label includes 'Sodium Heparin' and '10 mL'.
3. CSF Preparation (20 mL total) – Pellet/Cell Preparation	X 2	 A clear plastic tube with a blue cap and a white label. The label includes '20 mL' and 'CSF Preparation'.

# Aliquot Cap Colors

Cap Color	Sample Type
Orange Cap, smooth	CSF
Blue Cap	CSF Residual (<1.5ml) (Document Specimen Number and Volume of Residual Aliquot on Sample Form)
Yellow Cap	CSF for local lab
Orange cap with ridges	CSF cells/pellet



Orange cap smooth  
(CSF)

Blue cap  
(CSF Residual)

Yellow cap  
(CSF for local lab)



Orange cap with ridges  
(CSF Cells/Pellet)

# RNA Collection



- 1 x PAXgene™ Blood Collection Tube (2.5 mL)
  - Tube is to be shipped to NCRAD frozen, without processing at the collection site.

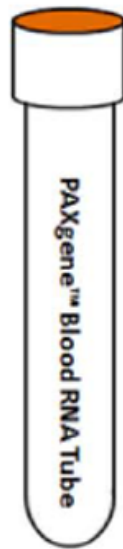
**\*\*\*Important Note\*\*\***

All Substudy samples should be collected Monday – Wednesday ONLY and shipped ON DAY OF COLLECTION

# RNA Preparation (2.5ml PAXgene™ Tube)

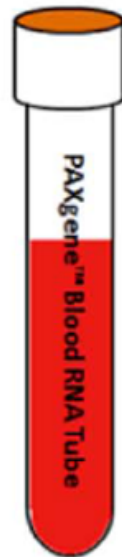


## Step One



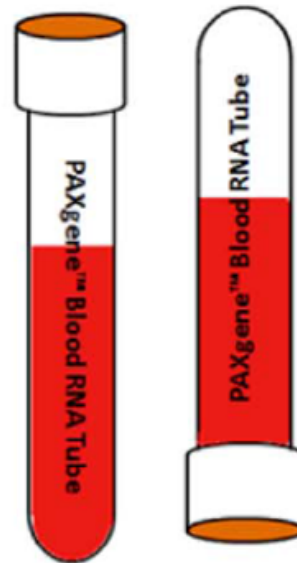
- Store tubes at room temperature.
- Label tubes with pre-printed labels prior to blood draw.

## Step Two



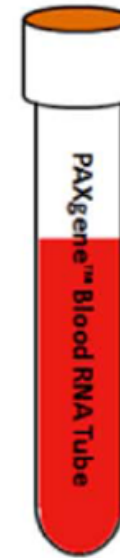
- Collect blood in PAXgene™ tube allowing blood to flow for 10 seconds and ensuring blood flow has stopped.

## 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.

- **Important Reminder:** All Substudy specimens are shipped same day of collection.



**Important Note:** Ensure all tubes are not expired prior to collection and processing of samples.

# PBMC Collection



5 x Sodium Heparin (Green-Top) Blood Collection Tube (10 mL)

- Tubes are to be shipped to NCRAD ambient **on day of collection via UPS Next Day Air** without further processing at the collection site.

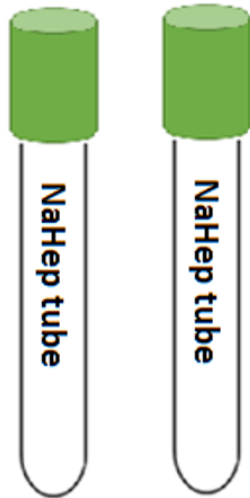
**\*\*\*Important Note\*\*\***

All Substudy samples should be collected Monday – Wednesday ONLY and shipped ON DAY OF COLLECTION

# PBMC Preparation (10ml Sodium Heparin Tube x 5)

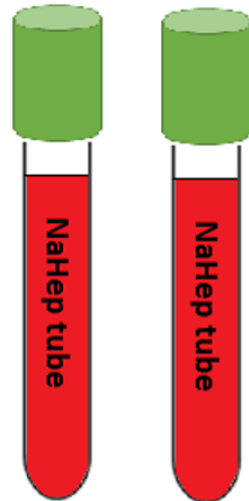


## Step One



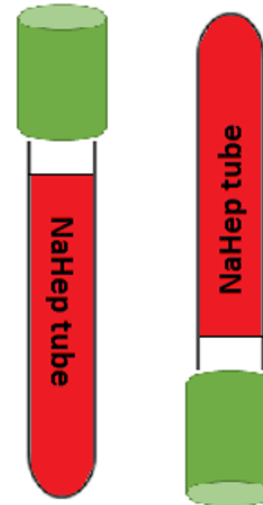
- Store tubes at room temperature.
- Label tubes with pre-printed labels prior to blood draw.

## Step Two



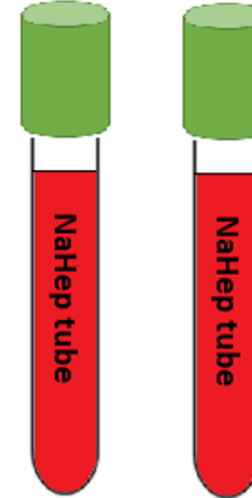
- Collect blood in Sodium Heparin Tubes allowing blood to flow for 10 seconds and ensuring blood flow has stopped.

## Step Three



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

## Step Four



- Store tubes at room temperature until shipment.
- Ship ambient same day as blood draw

- **Important Reminder:**  
All Substudy specimens are shipped same day of collection.

**Important Note:** Ensure all tubes are not expired prior to collection and processing of samples.

# Temperature Monitor

- Seal the Sodium Heparin tubes in the ambient shipment kit. *There should be no more than 3 Sodium Heparin tubes in each ambient shipment kit.*
- Remember to add one (1) temperature monitor per ambient shipping kit. Temperature monitor will be placed in Styrofoam cooler with tubes. Please see directions below.

## Easy Use Instructions

For Marathon Products Single-use Data Loggers.

**FOR SHIPPER:**

**01** Press the START button to begin recording.

**02** LED will blink 4 times to show activation. Once activated the Green LED will blink periodically.

**03** Place logger in waterproof bag

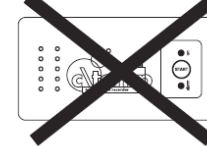
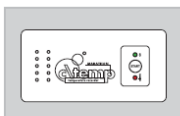


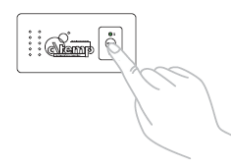


**04** Place logger in product to be shipped.

**05** Do not use logger if LEDs do not work.

**06** Red ALARM LED will light if preset temperatures parameters are exceeded.

**FOR RECIPIENT:**

**01** Read logger using MDAS Software and save Data.

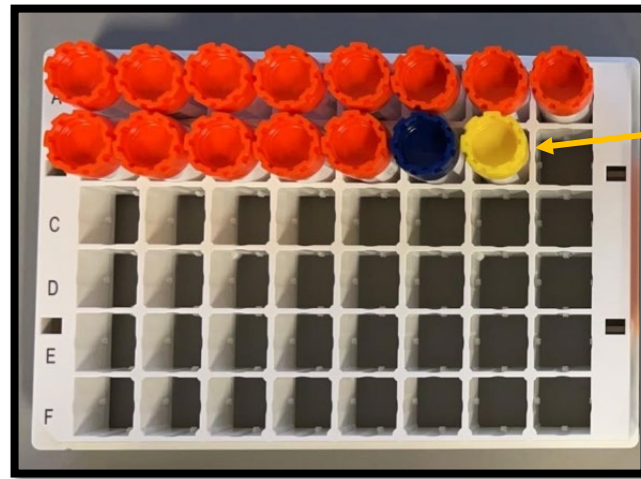


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**1-510-562-6450** ■ [www.marathonproducts.com](http://www.marathonproducts.com)  
14500 Doolittle Drive, San Leandro, CA 94577 ■ [jnakagawa@marathonproducts.com](mailto:jnakagawa@marathonproducts.com)



# CSF Collection



48-slot cryobox with 2 mL cryovials



Cryogenic vial will not fit in the 48-slot Cryobox above due to the size of the tube.

**Place Cryogenic vial containing CSF cells in labeled 15 mL conical for shipping.**

Collect initial 1-2 mL of CSF into 15 mL conical. If not bloody, transfer 1-2 mL of CSF to yellow-cap cryovial and send to local lab for testing. **Do not send yellow cryovial to NCRAD.**

- **2 x 15 mL Sterile Conical Tubes for CSF and Cell/Pellet Preparation**

- Create up to (14) 1.5 mL aliquots of CSF in orange-cap smooth cryovials
  - If residual aliquot created, aliquot into blue-cap cryovial and document specimen number and volume on sample form

**\*\*\*Important Note\*\*\***

All Substudy samples should be collected Monday – Wednesday ONLY and shipped ON DAY OF COLLECTION

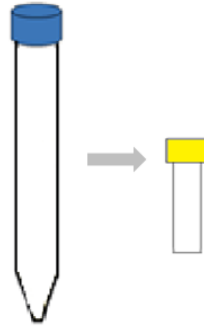
# CSF Preparation (20 ml total) - Supernatant

## Step One



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

## Step Two



- Collect initial 1-2ml (if bloody, collect CSF until cleared of blood) into 15 ml conical tube.
- If not bloody, transfer 1-2 ml into the yellow-cap cryovial.
- Send to local lab for testing.

## Step Three



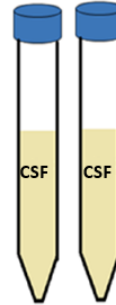
- Collect 20 ml total, including the 1-2 ml sent to the local lab.
- Collect sample into (2) 15 ml conical tubes.

## Step Four



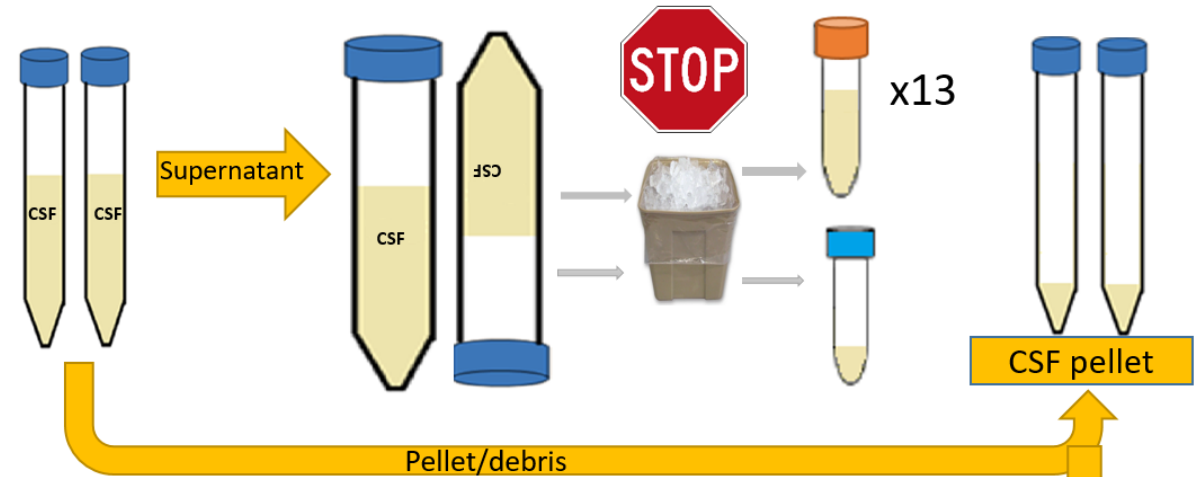
- Place samples upright on wet ice until centrifugation begins.

## Step Five



- Preferably within 15 minutes of collection, centrifuge samples at 4°C at 350 x g for 10 minutes.

## Step Six



- Using a clean transfer pipette, transfer CSF from both 15 ml conical tubes into a 50 ml conical tube, leaving 100ul of CSF with pelleted cells at the bottom of each 15ml centrifuged conical tube.
- Gently invert the 50 ml conical tube 3-4 times to mix the sample. PLACE ON WET ICE.
- **STOP – TAKE CELL PELLETS AND SKIP TO STEP EIGHT. COMPLETE STEPS EIGHT THROUGH THIRTEEN BEFORE RETURNING TO STEPS SIX AND SEVEN.**
- Gently invert the 50 ml conical tube 3-4 times to mix the sample again.
- Aliquot 1.5 ml into the orange-cap cryovials.
- If a residual aliquot is created, aliquot into blue-cap cryovial. Document specimen number and volume on CSF Sample Notification Form.

## Step Seven

- Within 2 hours of CSF collection, samples need to be spun, aliquoted and in the freezer. Store at -80°C until shipment. Record time of freezing on CSF Sample Notification Form.

- **Important Reminder:** All Substudy specimens are shipped same day of collection.

**Important Note:** Ensure all tubes are not expired prior to collection and processing of samples.

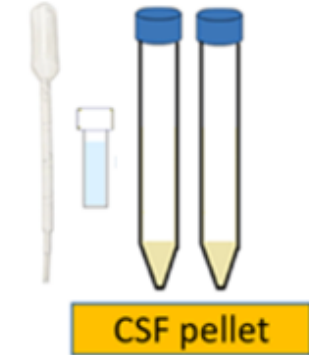
# CSF Preparation (20 ml total) – Pellet/Cell Preparation

## Step Eight



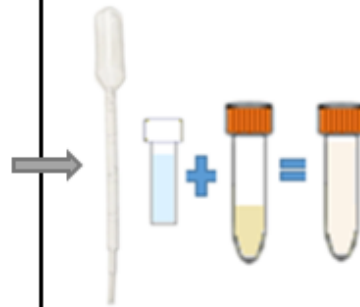
- Remove an aliquot of CryoStor® CS10 Cryopreservation Medium (StemCell Technologies #07930) from the refrigerator and place on wet ice.
- Place empty 2.0ml Cryogenic vial on wet ice.
- Ensure filler vials are at 4C. Either they can be stored in the refrigerator or they should be placed on ice for at least 20 min prior to use.

## Step Nine



- Carefully resuspend the cell pellet in 1 mL of CryoStor® Medium by gently pipetting up and down near the pellet 5 times using the medium to wash the side of the pellet wall.
- Transfer all the cell suspension from the first 15 mL conical tube to the second 15 mL conical tube and resuspend the cell pellet the exact same way.
- Try not to touch the side of the conical with the pipette tip and avoid creating bubbles/foam during this process.

## Step Ten



- Transfer all the cell suspension to the empty 2.0 mL cryogenic vial.
- Recap the vial.
- You should have approximately 1.2-1.4 mL of CryoStor®/CSF/cells in the cryogenic vial.

## Step Eleven



- Place Cryogenic vial in a CoolCell well.
- A filler vial should be used to fill all empty spots.
- Fully seal the lid on CoolCell container.
- Place CoolCell container upright in -80°C freezer or dry ice locker.
- Ensure at least one inch of free space clearance around and under the CoolCell container.

## Step Twelve

- Document specimen number and volume of Cryogenic vial on the CSF Sample Notification Form.
- Leave samples in the CoolCell for at least 2 hours at -80°C before shipping on dry ice.
- Within 2 hours of CSF collection, samples need to be spun, aliquoted and in the freezer.
- Store at -80°C until shipment.
- Record time of freezing on CSF Sample Notification Form.

**\*\*PLEASE RETURN TO STEP SIX TO COMPLETE CSF SUPERNATANT PROCESSING**

- **Important Reminder:** All Substudy specimens are shipped same day of collection.

**Important Note:** Ensure all tubes are not expired prior to collection and processing of samples.

# CSF Cell Isolation and Cryopreservation Demo

- [CSF Cell Isolation and Cryopreservation Demo Video - YouTube](#)

# Packaging and Shipping Samples

## RNA, PBMC, and CSF



# Blood and CSF Sample Shipment Summary

Sample Type	Processing/ Aliquoting	Tubes to NCRAD	Ship
Whole blood for RNA extraction	N/A	1	Frozen / same day
Whole blood for PBMC	N/A	5	Ambient / same day
CSF Collection	1.5 mL CSF aliquots per 2.0 mL cryovial (orange cap smooth); residual volume placed in 2.0 mL cryovial with blue cap	Up to 14	Frozen / same day
	2.0 mL Cryogenic Vial with CSF Pellet/Cells (orange cap cryovial with ridges)	1	Frozen / same day

# Frozen Shipping

## RNA and CSF



**\*\*\*Important Note\*\*\***

All Substudy samples should be collected Monday – Wednesday ONLY and shipped ON DAY OF COLLECTION

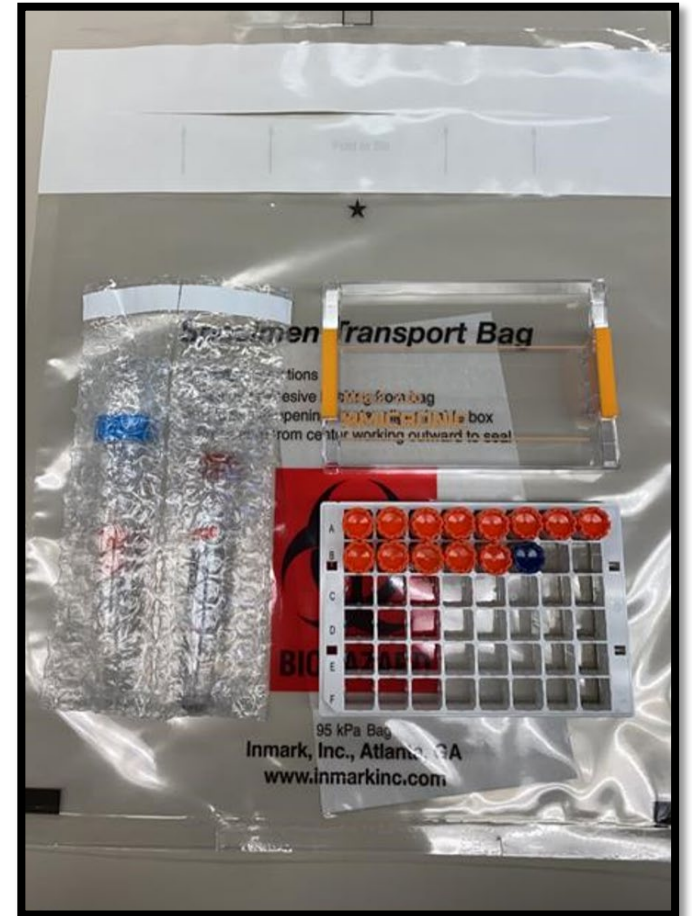
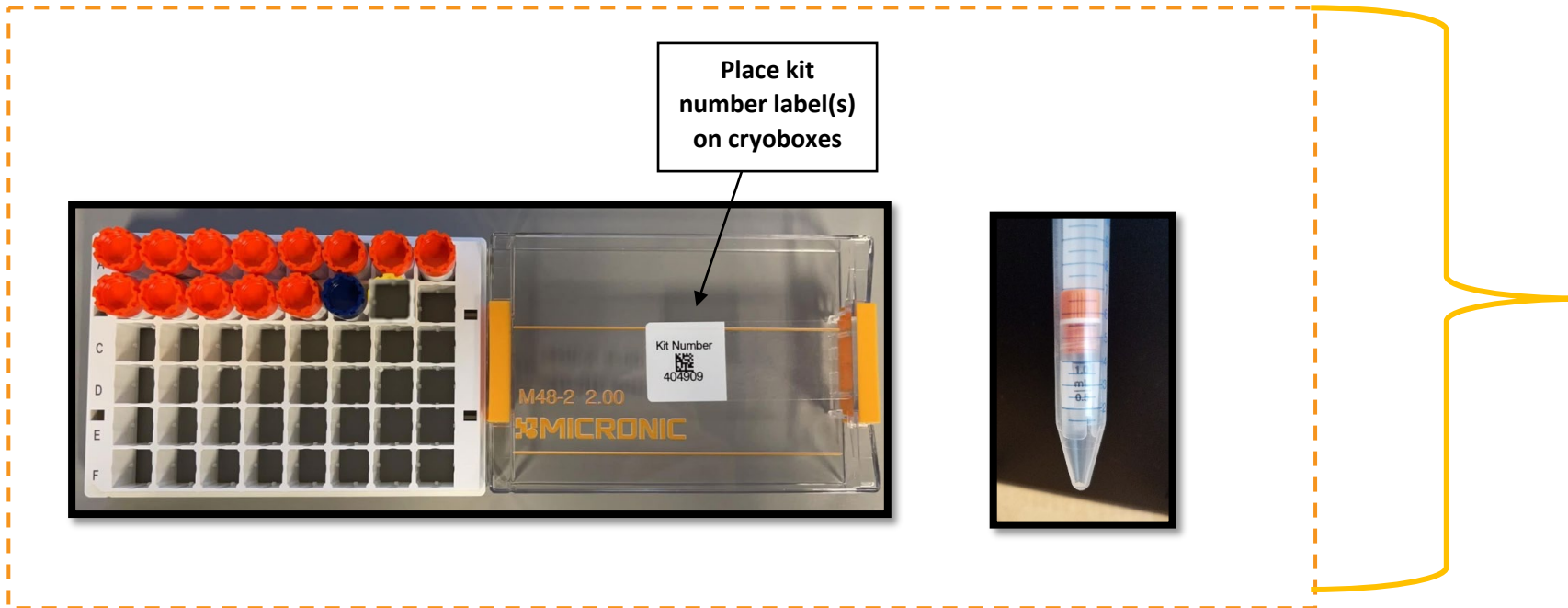
# Notify NCRAD When Samples Ship:

1. **Notify NCRAD of shipment** by emailing NCRAD coordinators at: [alzstudy@iu.edu](mailto:alzstudy@iu.edu)
  - Attach the following to the email:
    - Completed Biological Sample and Shipment Notification Form and CSF Sample and Shipment Notification Form ([Appendix D](#) and [Appendix E](#)– also found on the [NCRAD - LIFE-DSR Active Study Page](#)).
    - If email is unavailable, please call NCRAD and do not ship until you've contacted and notified NCRAD coordinators about the shipment in advance.
    - Please include the tracking number in the body of the email.
    - **Place physical copy of the filled out Biological Sample and Shipment Notification Form and CSF Sample and Shipment Notification Form (Appendix D and E) in your shipment.**



# Frozen Shipment Packaging:

Place all frozen labeled aliquots of CSF and CSF cells/pellet in the cryovial cryoboxes.



Place up to 14 CSF cryovials per participant visit inside 48-slot cryobox. Ensure cryobox has kit number label on lid and then place cryobox inside biohazard bag. Place cryogenic vial containing CSF cells/pellet in labeled 15 mL conical. Place PAXgene™ tube and 15 mL conical holding cryogenic vial of CSF cells/pellet in provided bubble wrap tube sleeves, seal and place in biohazard bag. Seal biohazard bag according to the instructions on the bag. Ship to NCRAD frozen ON DAY OF COLLECTION.

# Frozen Shipment Packaging

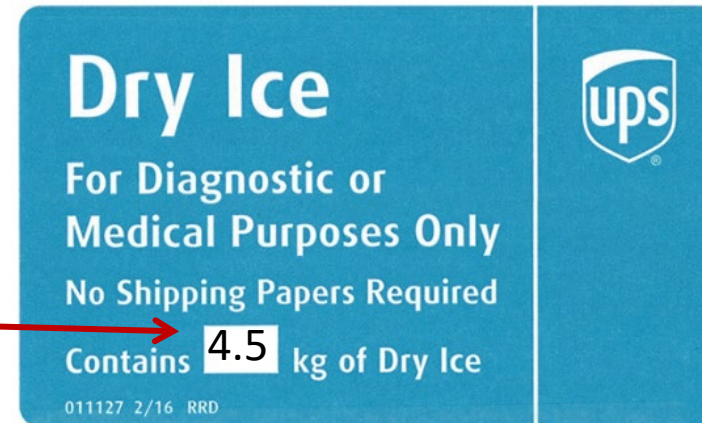
- Place 2-3 inches of dry ice in the bottom of the Styrofoam shipping container, then insert the cryoboxes laying upright.
- Fully cover the cryoboxes with about 2 inches of dry ice in the provided shipper.
- Each Styrofoam shipper must contain about 10 lbs. (4.5 kg) of dry ice.
- Fill shipper to the top with dry ice!



# Frozen Shipping Dry Ice Requirements

- Apply all provided warning labels and the pre-printed UPS return airbill to the outside of package, taking care not to overlap labels.

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**

# Critical Frozen Shipping Instructions

**1. Hold packaged samples in -80°C freezer until time of UPS pick-up/drop-off.**

**2. Substudy samples should be shipped via UPS Next Day Air ON DAY OF COLLECTION!**

**3. Samples should be collected and sent on Monday through Wednesday ONLY!**

**BE AWARE OF HOLIDAYS and current weather conditions!**

**4. Remember to complete the requisition forms and include a copy in your shipment: Biological Sample and Shipment Notification Form - SubStudy and CSF Sample and Shipment Notification Form - SubStudy (Appendix D and E).**

# Batch shipping main study specimens and subset study specimens together:

## \*\*\*Important Note for Frozen Shipments ONLY\*\*\*

**Batch shipping main study specimens and subset study specimens together:** If shipping main study specimens same day as a subset collection, the 25-slot cryoboxes holding plasma and buffy coats from main study can be batch shipped with the subset specimens (PAXgene™ tube, 15 mL conical holding Cryogenic vial of CSF cells, and 48-slot cryobox holding CSF aliquots). Ensure there is ~45 lbs.. of dry ice for large shippers and ~14 lbs.. for small shippers.



Large Frozen Shipper – fits 5 25-slot cryoboxes and ~45 lbs.. dry ice



Small Shipper – fits 3 25-slot cryoboxes and ~10 lbs.. dry ice

# Ambient Shipping

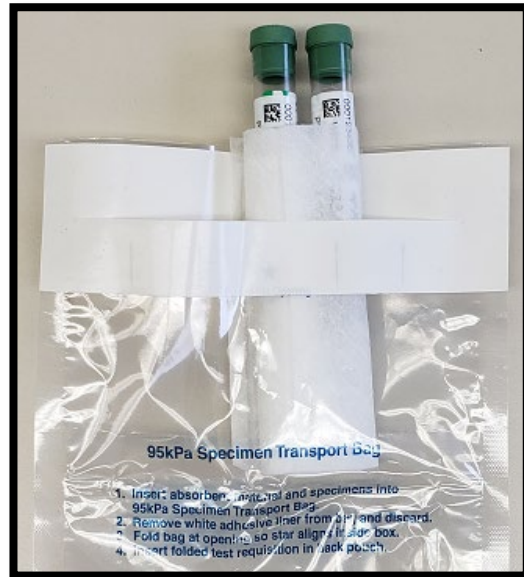
## PBMC



# Notify NCRAD When Samples Ship:

1. **Notify NCRAD of shipment** by emailing NCRAD coordinators at: [alzstudy@iu.edu](mailto:alzstudy@iu.edu)
  - Attach the following to the email:
    - Completed Biological Sample and Shipment Notification Form ([Appendix D](#)– also found on the [NCRAD - LIFE-DSR Active Study Page](#)).
    - If email is unavailable, please call NCRAD and do not ship until you've contacted and notified NCRAD coordinators about the shipment in advance.
    - Please include the tracking number in the body of the email.
    - **Place physical copy of the filled out Biological Sample and Shipment Notification Form-SubStudy (Appendix D) in your shipment.**

# Ambient Shipment Packaging:



**Place refrigerant pack in the refrigerator, ~4°C, 24 hours prior to shipment.** Place filled and labeled Sodium Heparin (Green-Top) Tubes (10 mL) within the slots in the absorbent pad provided, and place into the plastic biohazard bag with absorbent sheet. Ship (3) NaHep tubes in one ambient shipper and (2) tubes in the other (assuming all 5 tubes were collected). Seal the biohazard bag according to the directions on the bag. Place kit number label on the outside of the biohazard bag(s). Place refrigerant pack into the cooler on top of the filled biohazard bag.

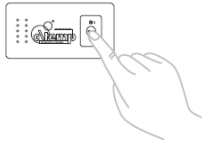


# Ambient Shipment Packaging (cont.):

## Easy Use Instructions

For Marathon Products Single-use Data Loggers.

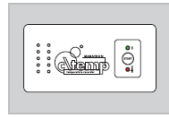
### FOR SHIPPER:



01 Press the START button to begin recording.



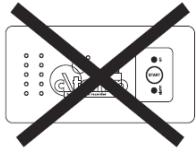
02 LED will blink 4 times to show activation. Once activated the Green LED will blink periodically.



03 Place logger in waterproof bag



04 Place logger in product to be shipped.



05 Do not use logger if LEDs do not work.



06 Red ALARM LED will light if preset temperatures parameters are exceeded.

### FOR RECIPIENT:



01 Read logger using MDAS Software and save Data.

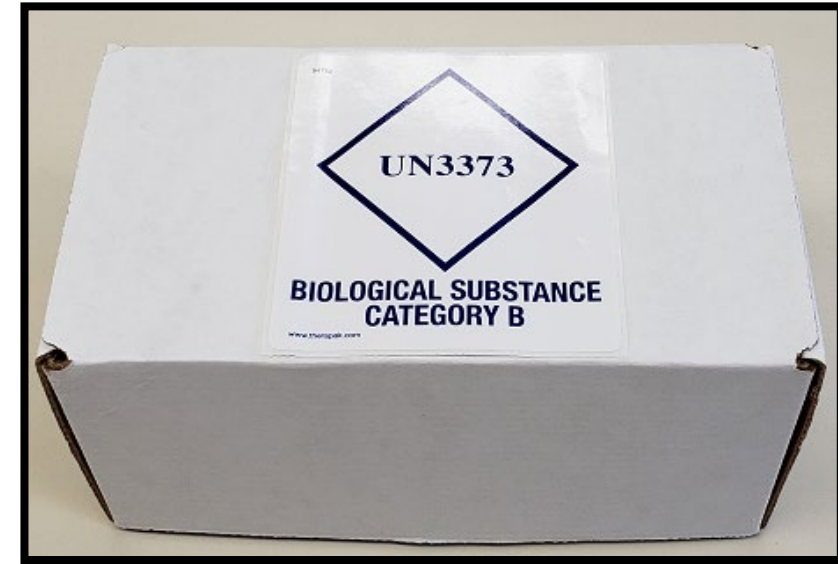


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Place (1) temperature monitor in Styrofoam cooler with tubes. Place lid onto the cooler and place cooler into provided IATA Shipping Box. Place an extra copy of the emailed Biological Sample and Shipment Notification Form within the shipping box along with a list of contents form. Close the IATA Shipping Box and label the outside of the cardboard box with the enclosed UN3373 (Biological Category B) label. Place the closed, labeled shipping box within UPS Laboratory Pak. Seal the UPS Laboratory Pak.

# Critical Ambient Shipping Instructions - Substudy

**1. Substudy samples must be shipped the day of blood draw via UPS Next Day Air in Styrofoam cooler.**

**2. Substudy samples should be sent Monday through Wednesday ONLY.**

**BE AWARE OF HOLIDAYS and current weather conditions!**

**3. Remember to complete the requisition forms and include a copy in your shipment: Biological Sample and Shipment Notification Form - SubStudy (Appendix D).**

**4. Include no more than three tubes per shipping container and include only tubes from one participant.**

**5. Place (1) temperature monitor inside ambient shipper with samples. Directions on page 45-46 of the Manual of Procedures or slides 55-56.**

# Shipping Regulations and Training

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.

## 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>

# Creating Airbills/Scheduling Pickups

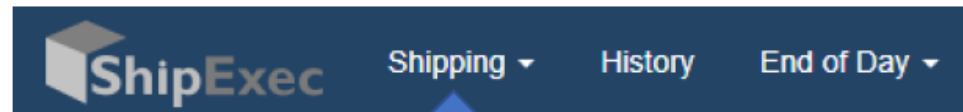
Frozen and Ambient Shipments



# UPS ShipExec™ Thin Client Website

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

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



# Finding Your Contact Information

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



Shipment Information

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

[Pickup Request](#)

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



Ship From

[Clear](#)

Code

Company

Contact

Address 1

Address 2

Address 3

City

State/Province

Postal Code

Country/Territory

# Finding Your Contact Information

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

Select address book

Address Book	Type
RETURNS	Company

Group: LIFE-DSR

Code:

Company:

Contact:

Address 1:

Address 2:

Address 3:

City:

State/Province:

Postal Code:

Country/Territory:

Email:  Phone Fax:  Account / Tax:

Email:

Action	Code	Company
<input type="button" value="Select"/>	LIFE-DSR 014	Rush University Medical Center
<input type="button" value="Select"/>	LIFE-DSR 029	University of California Irvine
<input type="button" value="Select"/>	LIFE-DSR 032	Emory University
<input type="button" value="Select"/>	LIFE-DSR 201	Advocate Medical Group Adult Ds
<input type="button" value="Select"/>	LIFE-DSR 202	Cincinnati Children's Hospital MC
<input type="button" value="Select"/>	LIFE-DSR 203	MGH Lai Clinic
<input type="button" value="Select"/>	LIFE-DSR 301	Barrow Neurological Institute
<input type="button" value="Select"/>	LIFE-	Case

# Verify Information

- Please verify that both the shipping information AND study reference are correct for this shipment

Ship From		Shipment Information	
<input type="text"/>	<input type="text"/>	Study Group	LIFE-DSR (NCRAD) ▾
Code	LIFE-DSR 014	Weight	<input type="text"/> LB ▾
Company	Rush University Medical Center	Dry Ice Weight	<input type="text"/> LB ▾
Contact	Melissa Baer-Coordinator	Description of Return	Biological Specimens
Address 1	1725 W. Harrison St Suite 718	<a href="#">Pickup Request</a>	
Address 2	<input type="text"/>		
Address 3	<input type="text"/>		
City	CHICAGO		
State/Province	IL		
Postal Code	60612		
Country/Territory	United States ▾		



# Entering Shipment Information

- **Frozen shipments**

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

- **Ambient shipments**

- Enter the total weight of your package in the “Weight” field and **leave the “Dry Ice Weight” field empty.**

Shipment Information

Study Group	LIFE-DSR (NCRAD) ▼	
Weight	50	LB ▼
Dry Ice Weight	45	LB ▼
Description of Return	Biological Specimens	

Pickup Request

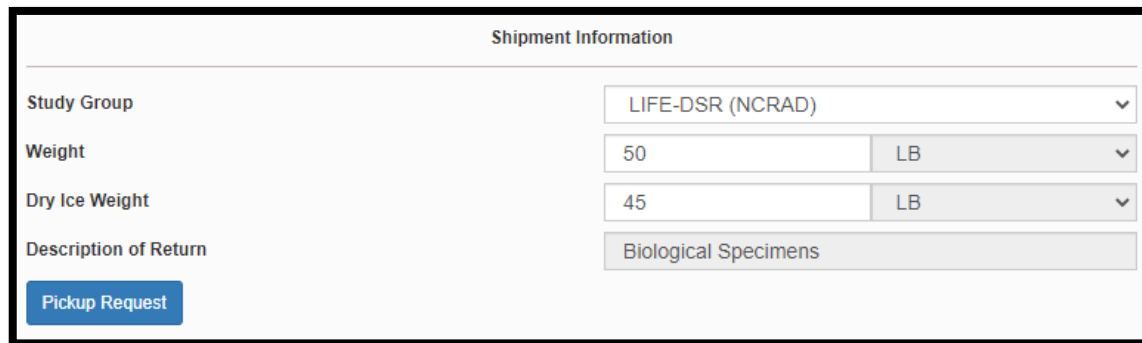
Shipment Information

Study Group	LIFE-DSR (NCRAD) ▼	
Weight	1-	LB ▼
Dry Ice Weight	--	LB ▼
Description of Return	Biological Specimens	

Pickup Request

# Need to request UPS Pickup?

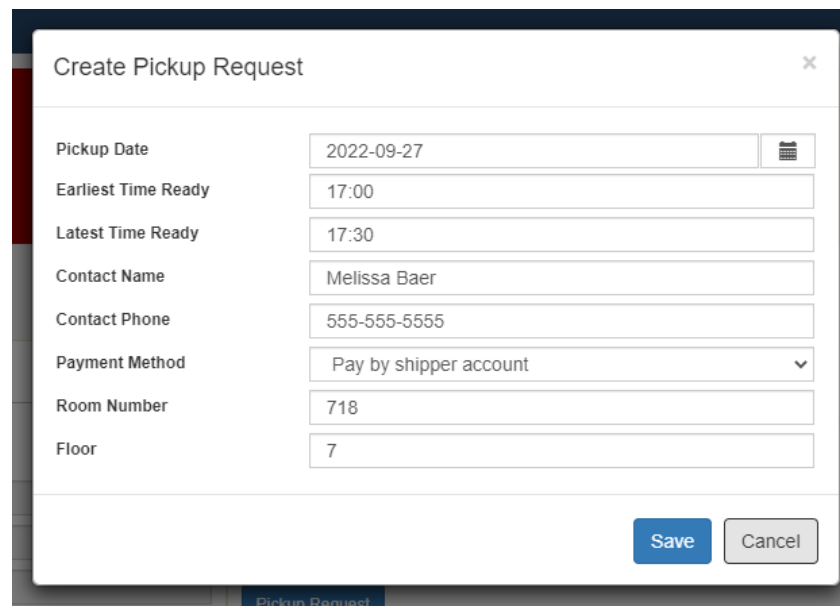
- Click on the “Pickup Request” button
- Fill out all fields for the pickup request
- Enter in the “Earliest Time Ready” and “Latest Time Ready” in 24-hour format
  - Users must schedule pickup minimum 1 hour before “Earliest Time Ready”
- Choose a name and number that is the best to contact if the UPS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



The screenshot shows a form titled "Shipment Information" with the following fields:

Study Group	LIFE-DSR (NCRAD)
Weight	50 LB
Dry Ice Weight	45 LB
Description of Return	Biological Specimens

A blue "Pickup Request" button is located at the bottom left of the form.



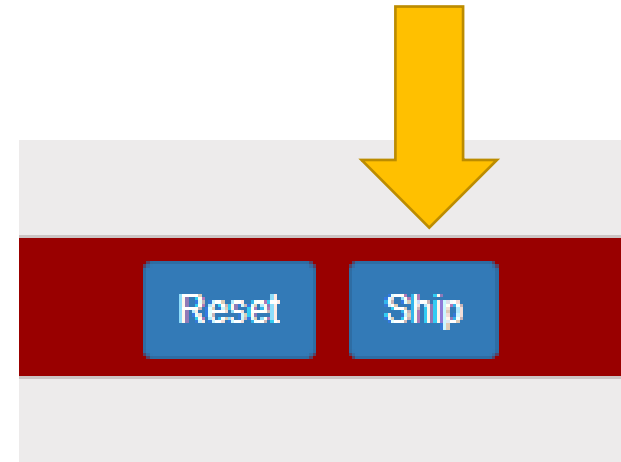
The screenshot shows a dialog box titled "Create Pickup Request" with the following fields:

Pickup Date	2022-09-27
Earliest Time Ready	17:00
Latest Time Ready	17:30
Contact Name	Melissa Baer
Contact Phone	555-555-5555
Payment Method	Pay by shipper account
Room Number	718
Floor	7

At the bottom right, there are "Save" and "Cancel" buttons.

# Shipping Packages

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



# Accessing Airbill

## Shipment Receipt

ShipExec™ Shipment Receipt

Transaction Date: Tuesday, December 8, 2020

Address Information

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

Shipment Information

Service: UPS Next Day Air (UPS Adapter)

Package Information

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

Pickup No: 2929602E9CP

## Airbill

JOHN SMITH  
317-556-1234  
INDIANA UNIVERSITY  
980 W. WALNUT STREET  
INDIANAPOLIS IN 46202

20 LBS  
RS

1 OF 1

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

IN 461 9-01

UPS NEXT DAY AIR 1

TRACKING #: 1Z 976 R8W 84 3084 1976

SAMPLE

BILLING: P/P  
DESC: Biological Specimens  
RETURN SERVICE  
UN1845, DRY ICE, CLASS 9, 1 x 4.5 KG  
AUDIT REQUIRED

Reference No. 1: 6583830

- Check Pickup Status by going to [UPS.com](https://www.ups.com), click on the Shipping, select Schedule a Pickup, and look on the right side of screen to click on "Pickup Request Status". Enter in the Pickup No. listed on receipt into PRN field and submit

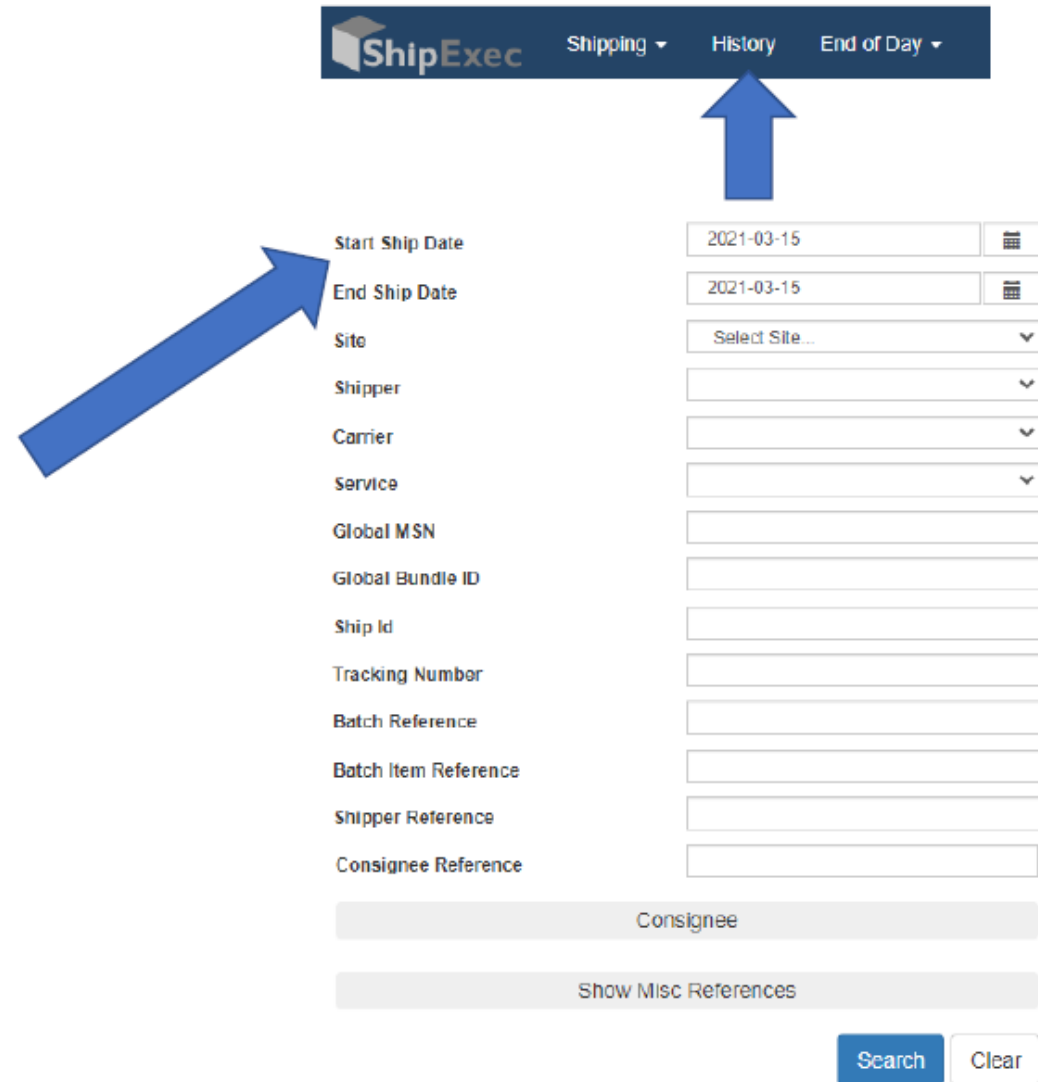
# Accessing Airbill

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

JOHN SMITH 317-555-1234 INDIANA UNIVERSITY 980 W. WALNUT STREET INDIANAPOLIS IN 46202	20 LBS <b>RS</b>	1 OF 1
SHIP TO: IUGB 317-278-6158 IU SCHOOL OF MEDICINE TK 217 351 W 10TH ST INDIANAPOLIS IN 46202		
	IN 461 9-01 	
UPS NEXT DAY AIR		1
TRACKING #: 1Z 976 R8W 84 3084 1976		
 SAMPLE		
BILLING: P/P DESC: Biological Specimens RETURN SERVICE UN1945, DRY ICE, CLASS 9, 1 x 4.5 KG AUDIT REQUIRED		
Reference No.1: 8583330		

# Reprint Airbills/Voiding Shipments

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



The screenshot shows the ShipExec Thin Client portal interface. At the top, there is a navigation bar with the ShipExec logo and three menu items: "Shipping", "History", and "End of Day". A blue arrow points to the "History" menu item. Below the navigation bar, there is a search filter section with the following fields:

- Start Ship Date: 2021-03-15
- End Ship Date: 2021-03-15
- Site: Select Site...
- Shipper: [Dropdown]
- Carrier: [Dropdown]
- Service: [Dropdown]
- Global MSN: [Text Input]
- Global Bundle ID: [Text Input]
- Ship Id: [Text Input]
- Tracking Number: [Text Input]
- Batch Reference: [Text Input]
- Batch Item Reference: [Text Input]
- Shipper Reference: [Text Input]
- Consignee Reference: [Text Input]

At the bottom of the search filter section, there are two buttons: "Consignee" and "Show Misc References". Below these buttons are two more buttons: "Search" and "Clear". A blue arrow points to the "Start Ship Date" field.

# Reprint Airbill

- Click the print icon to reprint airbill

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

# Void Shipment

- To void a shipment, click on the “X” symbol

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



# NCRAD SubStudy Forms



# Appendix C: Rate of Centrifuge Worksheet

## Appendix C Rate of Centrifuge Worksheet

Please complete and return this form by fax or email to the NCRAD Project Manager if you have any questions regarding sample processing. The correct RPM will be sent back to you.

### Submitter Information

Name:

Site:

Submitter e-mail:

### Centrifuge Information

Please answer the following questions about your centrifuge.

#### Centrifuge Type

Fixed Angle Rotor:

Swing Bucket Rotor:

Radius of Rotation (mm):

Determine the centrifuge's radius of rotation (in mm) by measuring distance from the center of the centrifuge spindle to the bottom of the device when inserted into the rotor (if measuring a swing bucket rotor, measure to the middle of the bucket).

#### Calculating RPM from G-Force:

$$RCF = \left( \frac{RPM}{1,000} \right)^2 \times r \times 1.118 \Rightarrow RPM = \sqrt{\frac{RCF}{r \times 1.118}} \times 1,000$$

RCF = Relative Centrifugal Force (G-Force)

RPM = Rotational Speed (revolutions per minute)

R = Centrifugal radius in mm = distance from the center of the turning axis to the bottom of centrifuge

Comments:

**Please send this form to NCRAD Study Coordinator**

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

### Note:

Use Rate of Centrifugation Worksheet to calculate RPM, if needed.

# Appendix D: Biological Sample and Shipment Notification Form - SubStudy



## Appendix D



Participant ID: DSR \_\_\_\_\_  
**Biological Sample and Shipment Notification Form - SubStudy**

Please email or fax this from prior to the date of shipment.

To: Kelley Faber		Email: <a href="mailto:alzstudy@iu.edu">alzstudy@iu.edu</a>		Phone: 1-800-526-2839	
<b>General Information:</b>			UPS tracking #: _____		
From: _____			Date: _____		
Phone: _____			Email: _____		
Study: LIFE-DSR			Kit #: _____		
Visit (circle one):			KIT BARCODE		
<input type="checkbox"/> BASELINE <input type="checkbox"/> MONTH 16 <input type="checkbox"/> MONTH 32					
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Year of Birth: _____			
<b>Blood Collection:</b>					
1. Date Drawn: _____ [MMDDYY]		2. Time of Draw: _____ [HHMM]			
3. Last time subject ate: _____ [MMDDYY]		4. Last time subject ate: _____ [HHMM]			
<b>Blood Processing:</b>					
<b>RNA (PAXgene Tube)</b>					
Total volume of blood drawn into a 1 x 2.5 mL PAXgene RNA tube: _____ mL			Time PAXgene RNA tube placed in freezer (24 hour clock): _____ [HHMM]		
<b>PBMC (NaHep Green Top Tube)</b>					
Original volume drawn (5x10mL PBMC tube): _____ mL					
Notes: _____ _____					

### Note:

Please ensure Sample Notification Forms are filled out in their entirety. Complete during the participant study visit as samples are processed to guarantee accuracy.



# Appendix E: CSF Sample and Shipment Notification Form - SubStudy



## Appendix E

Participant ID: DSR \_\_\_\_\_

### CSF Sample and Shipment Notification Form - SubStudy

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

To: Kelley Faber Email: [alzstudy@iu.edu](mailto:alzstudy@iu.edu) Phone: 1-800-526-2839

#### General Information:

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Study: LIFE-DSR

Visit (circle one): **BASELINE** MONTH 16 MONTH 32

KIT BARCODE

Sex:  M  F Year of Birth: \_\_\_\_\_

CSF Collected?  Yes  No

UPS tracking #: \_\_\_\_\_ Gauge needle used for LP:  22G  24G

#### CSF Collection:

1. Date of Collection: \_\_\_\_\_ 2. Time of Collection: 24 hour clock: \_\_\_\_\_ [HHMM]  
 3. Last time subject ate: Date: \_\_\_\_\_ 4. Last time subject ate: 24 hour clock: \_\_\_\_\_ [HHMM]  
 5. Collection process:  Gravity Method OR  Aspiration

#### CSF Processing:

Time spin started: 24 hour clock: \_\_\_\_\_ [HHMM]  
 Duration of centrifuge: \_\_\_\_\_ minutes  
 Temp of centrifuge: \_\_\_\_\_ °C Rate of centrifuge: \_\_\_\_\_ x g  
 Total amount of CSF collected (mL): \_\_\_\_\_ mL  
 Time aliquoted: \_\_\_\_\_ [HHMM]  
 Number of 1.5 mL aliquots (supernatant) created (up to 14 total): (Orange cap cryovials): \_\_\_\_\_ x 1.5 mL  
 If applicable, volume of CSF residual aliquot (less than 1.5 mL): (Blue cap cryovial): \_\_\_\_\_ mL  
 If applicable, specimen number of residual aliquot tube: (Last four digits): \_\_\_\_\_  
 Volume of CSF pellet in Cryogenic vial (less than 2 mL): (Orange cap w/ ridges): \_\_\_\_\_ mL  
 Specimen number of Cryogenic vial (CSF pellet) (Last four digits): \_\_\_\_\_  
 Time frozen - Supernatant: \_\_\_\_\_ [HHMM] Time frozen - CSF Pellet: \_\_\_\_\_ [HHMM]  
 Storage temperature of freezer: \_\_\_\_\_ °C

Notes: \_\_\_\_\_



## Note:

Please ensure Sample Notification Forms are filled out in their entirety. Complete during the participant study visit as samples are processed to guarantee accuracy.

# NCRAD Website



# NCRAD Website: Helpful Pages

[NCRAD - LIFE-DSR Active Study Page](#)

[https://ncrad.org/holiday\\_closures.html](https://ncrad.org/holiday_closures.html)

[https://ncrad.org/shipping\\_address.html](https://ncrad.org/shipping_address.html)

## Holiday Closures

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

## Shipping Address

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

## UPS Shipping Resources

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

For instructions on how to use the UPS ShipExec™ Thin Client website, please refer to the NCRAD UPS ShipExec™ Thin Client Guide.

## Navigating UPS ShipExec™

To request edited captions for the deaf/HOH, see <https://kb.iu.edu/d/adad>



Username  
Password  
Login

