

# Alzheimer's Disease Center Fluid Biomarkers Initiative

Collection and Shipment Training



National Centralized Repository for  
Alzheimer's Disease and Related Dementias

# Training Overview: ADC FB

- Data Returns
  - GUIDs
  - Kit Review
- Sample Collection and Processing
  - Sample Shipping
  - Sample Form
  - NCRAD Website
- Common Nonconformance Issues
  - Questions?

# Data Returns

Data Returned	Data Repository	ADC (minimum DNA)	ADCFB (Minimum DNA and Plasma)
APOE genotype	NACC	X	X
GWAS	NIAGADS	X	X
WGS*	NIAGADS	X	X
Quarterly sample reports	NCRAD	X	X
Annual sample and distribution reports	NCRAD	X	X
<b>Plasma Biomarkers**</b>	<b>NACC</b>		<b>X</b>

\*Select participants

\*\*Assays: NfL, pTau 217, GFAP, Abeta 40, Abeta 42

Visit the [Biomarker Assay Lab \(BAL\) webpage](#) for current assays and platforms

Requirements for rapid data return:

- Provide 0.75 ml BAL Plasma aliquot for each blood collection
- Complete [ADCFB Specimen Collection And Processing Form](#)

# 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

# Generating GUIDs

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 (ADCFB MOP Appendix A):
  - 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
  - Country of birth

# ADCFB Kits

Depending on approved blood volume, sites may choose between five blood collection kits.

If desired, sites may also collect and send CSF samples at each annual visit

Biospecimen					
	10 ml	20 ml	30 ml	40 ml	50 ml
Plasma	X	X	X	X	X
Buffy Coat (DNA)	X	X	X	X	X
PBMC				X	X

Biospecimen	Annual visits
CSF	X

# Kit Request Module

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

Ncrad.iu.edu > Tools for active studies > Adcfb > kit request module > kit request system

NCRAD



National Centralized Repository for  
Alzheimer's Disease and Related Dementias

## ADC FB Kit Request System

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

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

**Our standard shipping time for all orders is 3 weeks.**

**We can ship this kit request by: 10-13-2025**

**If you need any supplies in this order prior to 10-13-2025, please submit a SEPARATE kit request to be expedited and provide a brief explanation in the Comments section. Expedited requests should be a minimum necessary set of supplies (e.g. 5 blood kits and 1 frozen shipping kit).**

**Please contact the study coordinator, Stephanie Steidel at [ssteidel@iu.edu](mailto:ssteidel@iu.edu), with any questions or concerns.**

Our standard shipping time for all orders is 3 weeks. If you need any items from this order expedited, please indicate earliest date you will need these supplies:

  D-M-Y

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

\* must provide value

Study Site

\* must provide value

# ADCFB Kit Request Module

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

\* must provide value

Study Site

\* must provide value

Somewhere University

Jennifer Doe

Somewhere Alzheimer's Disease Center

1234 Main St, Room 123

Somewhere, IN 46202

Phone: (000) 555-5555

Email: primarycontact@institution.edu

Is the contact name above correct?

\* must provide value

 Yes No

reset

Is the shipping address above correct?

\* must provide value

 Yes No

reset

Is the e-mail address above correct?

\* must provide value

 Yes No

reset

- Enter target receipt date
- Enter email
- Choose your site from the drop-down list.
- Contact information will appear.
- Verify that this information is accurate and correct if necessary.

# Kit Request Module, Continued 1

Indicate the quantity needed of each  
Specimen Collection Kit

Specimen Collection Kits	
<b>ADCFB Blood Collection Kit 20</b> <i>Contains supplies for collecting 20 ml of blood total:</i> <ul style="list-style-type: none"><li>• 20 ml of blood for Plasma and Buffy Coat</li></ul> <small>* must provide value</small>	<input type="text" value="5"/> <small>Collects 20 ml blood</small>
<b>ADCFB Blood Collection Kit 30</b> <i>Contains supplies for collecting 30 ml of blood total:</i> <ul style="list-style-type: none"><li>• 30 ml of blood for Plasma and Buffy Coat</li></ul> <small>* must provide value</small>	<input type="text" value="0"/> <small>Collects 30 ml blood</small>
<b>ADCFB Blood Collection Kit 40</b> <i>Contains supplies for collecting 40 ml of blood total:</i> <ul style="list-style-type: none"><li>• 20 ml of blood for Plasma and Buffy Coat</li><li>• 20 ml of blood for PBMCs</li></ul> <small>* must provide value</small>	<input type="text" value="0"/> <small>Collects 40 ml blood</small>
<b>ADCFB Blood Collection Kit 50</b> <i>Contains supplies for collecting 50 ml of blood total:</i> <ul style="list-style-type: none"><li>• 30 ml of blood for Plasma and Buffy Coat</li><li>• 20 ml of blood for PBMCs</li></ul> <small>* must provide value</small>	<input type="text" value="0"/> <small>Collects 50 ml blood</small>
<b>ADCFB LP Kit</b> <small>* must provide value</small>	<input type="text" value="0"/>
<b>ADCFB CSF Kit</b> <small>* must provide value</small>	<input type="text" value="0"/>

- **Once selected, kit components of the chosen kit will appear at the bottom of the screen**

## Contents of Requested Kits

Each ADCFB Blood Collection Kit 20 Contains:

- 1 Large Plastic Bag
- 1 4x5 Plastic Bag
- 2 EDTA (purple-top) blood collection tube (10 ml)
- 1 15 ml conical polypropylene tube (unwrapped - orange cap)
- 6 Cryovial (2.0 ml) with purple cap (Sarstedt)
- 1 Cryovial (2.0 ml) with blue cap (Sarstedt)
- 2 Cryovial (2.0 ml) with clear cap (Sarstedt)
- 11 Preprinted Collection Tube and Aliquot Labels
- 3 Preprinted Kit Number Label
- 3 Label for handwritten Site and PTID
- 1 Cryovial box (holds up to 25 cryovials)
- 4 Disposable graduated transfer pipettes (3 ml)

**Shipping Kits**

ADCFB Frozen Shipping Kit (Small Shippers)  
Multiples of 4 preferred

Up to 3 subjects per frozen shipping kit

ADCFB Frozen Shipping Supply Kit (Large Shippers)

Up to 8 subjects per frozen shipping kit

Batch Shipping Supply Kit (Large Shippers)

For shipment of bulk samples not collected using NCRAD kits

Do you need a supplemental kit?

Yes  
 No

reset

**Extra Supplies**

Do you need extra supplies?

Yes  
 No

reset

**Contents of Requested Kits**

Comments

Expand

Submit

# Kit Request Module, Continued 2

- Indicate the quantity needed of each Shipping Kit
- Indicate if a Supplemental Kit is needed
- Indicate if Extra Supplies are needed. If yes, enter quantities.
- Use Comments to request unlisted or special supplies
- Click “Submit” to turn in your request.
  - A confirmation email will automatically be sent

# Specimen Labels



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Alzheimer's Disease and Related Dementias

# Label Types

Kit Number



1234567

Kit Number

Site ID: \_\_\_\_\_



PTID:

\_\_\_\_\_

Site and PTID

 ADCFB  
COLLECT  
KIT:1234567  
S2464567890  
WBLD   
EDTA10

Collection Tube

 ADCFB  
ALIUQUOT  
KIT:1234567  
S2461234567  
PLASMA   
EDTA10

Aliquot

# Kit Number Labels



*Provided by NCRAD in the kits*

- Used to track patient samples and provide quality assurance – intended for:
  1. Sample and Shipment Notification Forms
  2. Cryoboxes
  3. One extra label provided

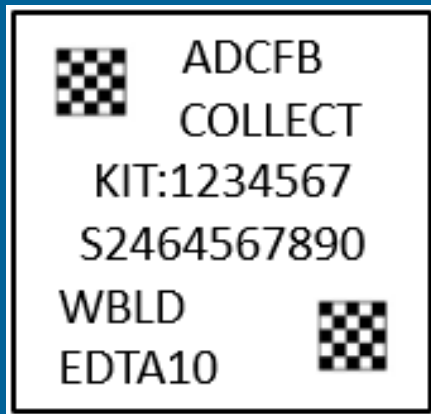
# Site and PTID Labels

Site ID: \_\_\_\_\_

PTID:  
\_\_\_\_\_

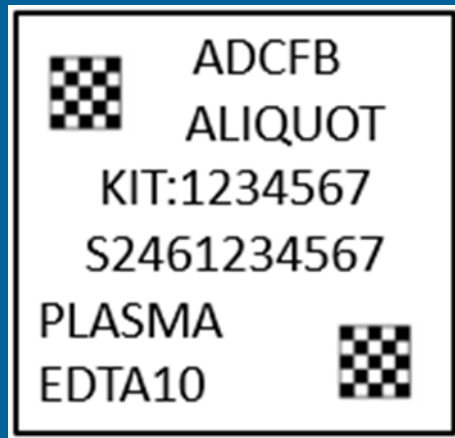
- Handwritten Site Number and PTID:
  - Must use fine point permanent marker
- Placed on collection tubes

# Collection Tube Labels



- Collection Tube Labels:
  - Study name
  - Label Type “COLLECT” (Collection)
  - 7 digit Kit Number
  - 9-12 digit Specimen Barcode (Specimen Number)
  - Specimen Type code
  - Collection Tube Type
  - Two 2D barcodes
- Placed on collection tubes

# Aliquot Labels




- Aliquot Labels:
  - Study name
  - Label Type “ALIQUOT”
  - 7 digit Kit Number
  - 9-12 digit Specimen Barcode (Specimen Number)
  - Specimen Type code
  - Collection Tube Type
  - Two 2D barcodes
- Placed on 2 ml cryovials

# Blood Collection Tubes

Label 1: Site and PTID label

Site ID: _____
PTID:
_____

Label 2: Collection Tube label

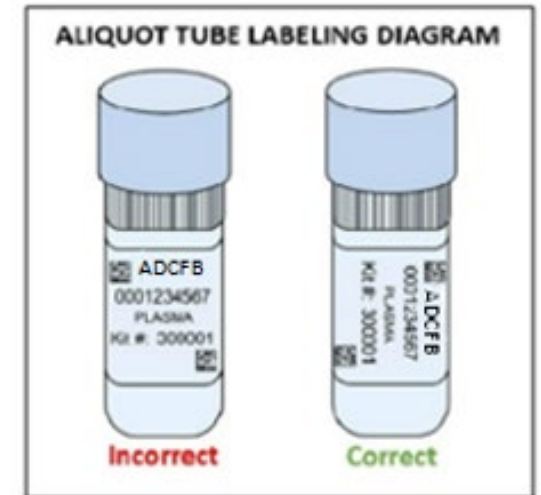
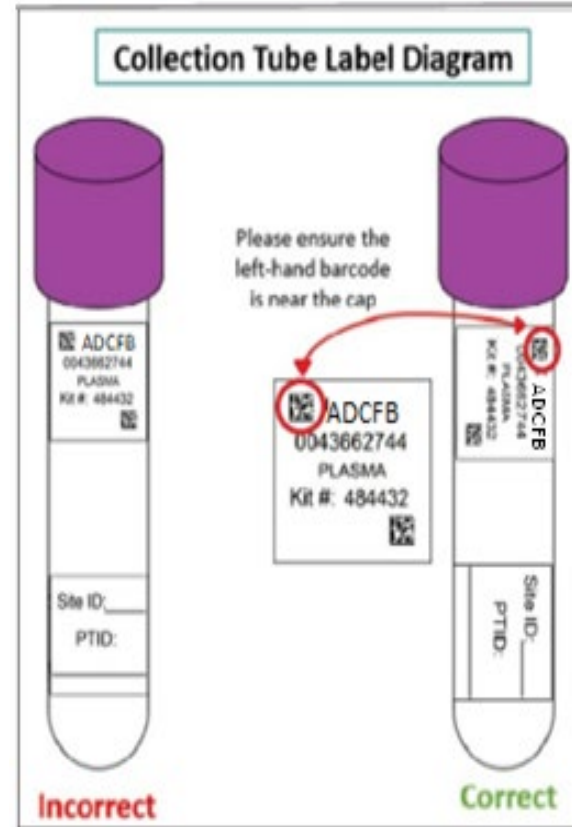
	ADCFB
	COLLECT
	KIT:1234567
	S2464567890
WBLD	
EDTA10	

All collection tubes will have two labels:

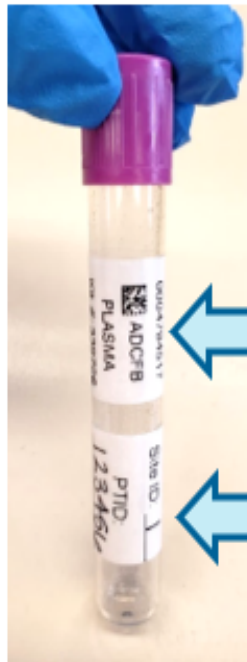
- Handwritten Site and PTID label
- Collection tube label

# Labeling Biologic Samples

- Label all collection and aliquot tubes before cooling, collecting, processing or freezing samples
- Label only 1 participant's tubes at a time to avoid mix-ups
- Wrap the label around the tube horizontally
- Make sure the label is completely adhered by rolling between your fingers



# Collection Tube Labeling



Collection Tube Label

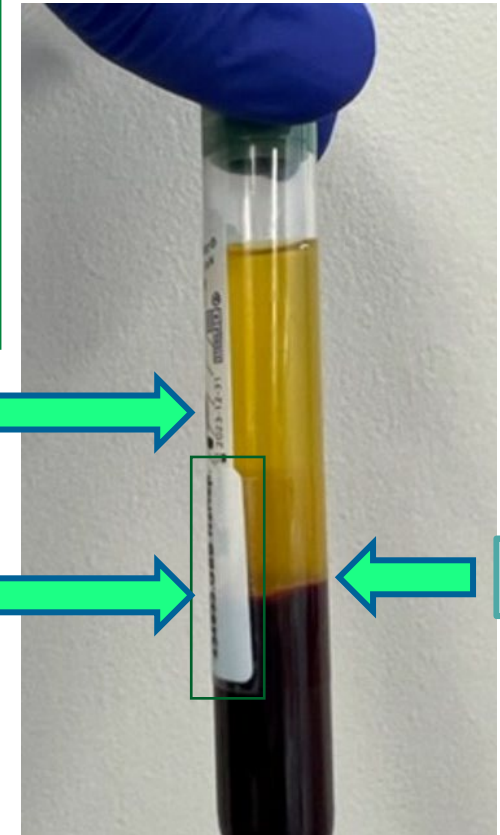
Site and PT ID Label

Labeled EDTA (Purple-Top) Blood Collection Tube

Attach labels to allow a viewing window down the length of the tube to ensure Buffy Coat is visible during processing.

Manufacturer label

NCRAD Label





Buffy Coat

# Handling/Processing Study Specimens



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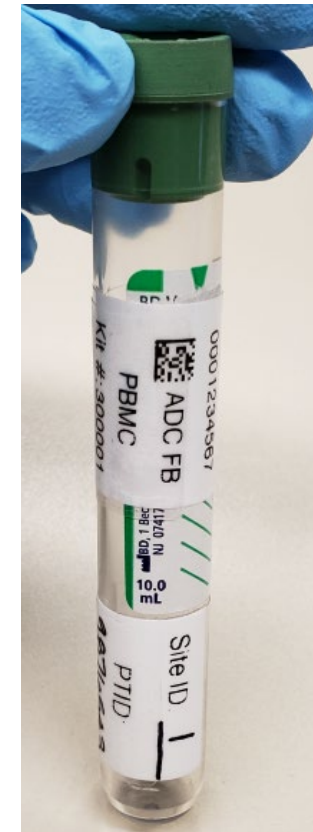
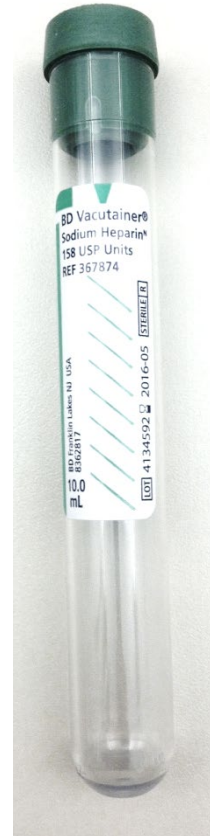
# Blood Draw Order

Tube Type*	Number of Tubes Drawn	Tube Image
1. NaHep (Green-Top) Tube (10 ml)	2 (20 ml)	
2. EDTA (Purple-Top) Tube (10 ml)	2 (20 ml) or 3 (30 ml)	

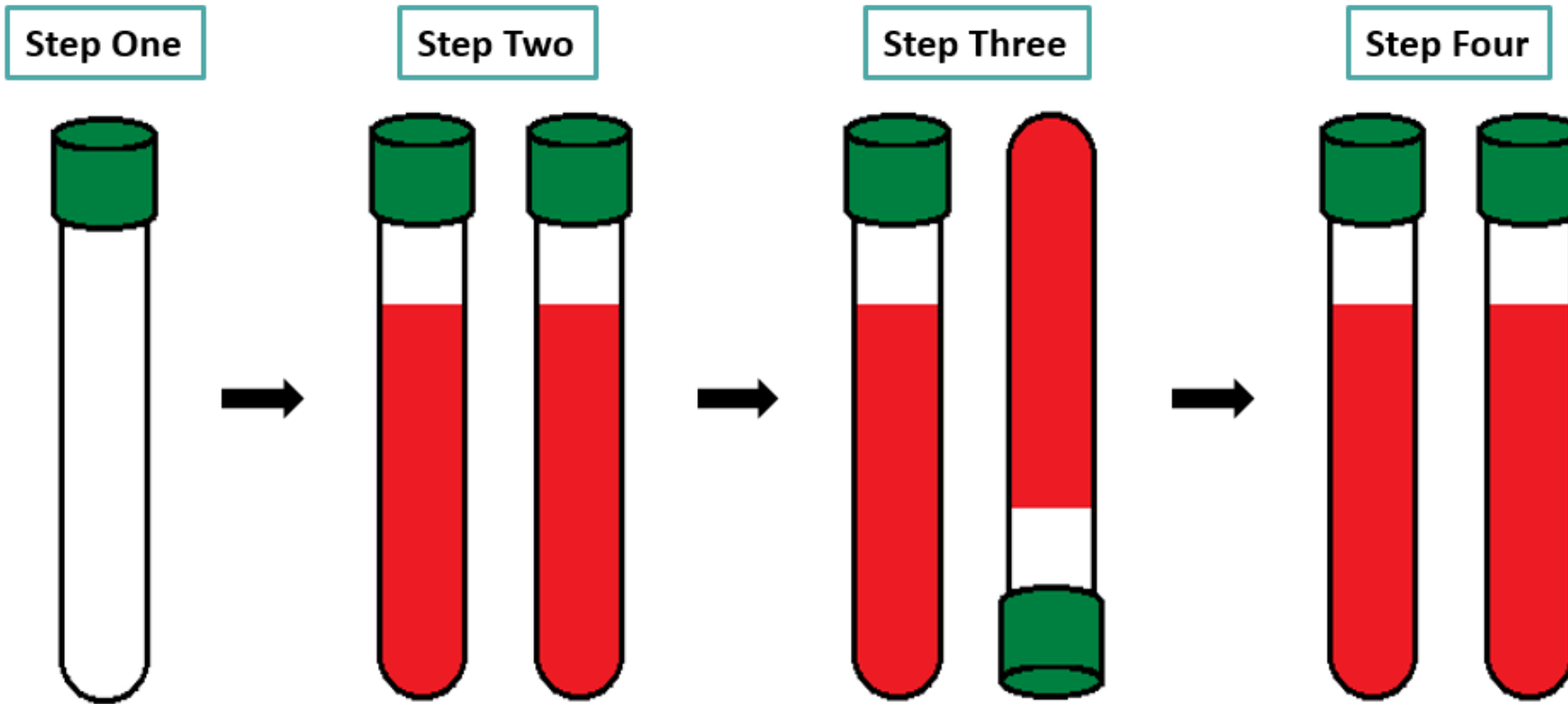
*\*If drawing blood for PBMCs, Sodium Heparin tubes **must** be the first tubes into which blood is collected. If not, the EDTA tubes will be first.*

# PBMC Collection

- 2 x Sodium heparin (green top) BD Vacutainer® (10 ml)
  - Not processed at site
  - **\*NOTE\***: Must be shipped **AMBIENT** to NCRAD the day sample is drawn. No Friday Draws.



# PBMC Preparation (10ml Sodium Heparin Tube x 2)








- Store tubes at room temp.
- Label tubes with pre-printed PTID and collection tube labels prior to blood draw.

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

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

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

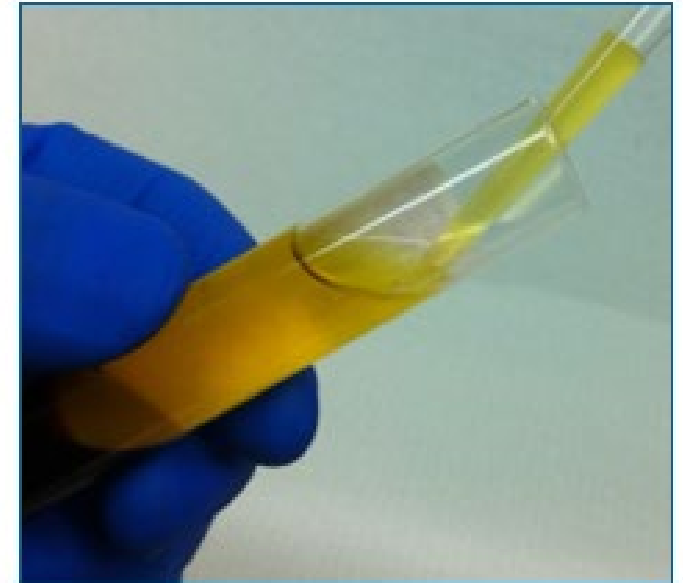
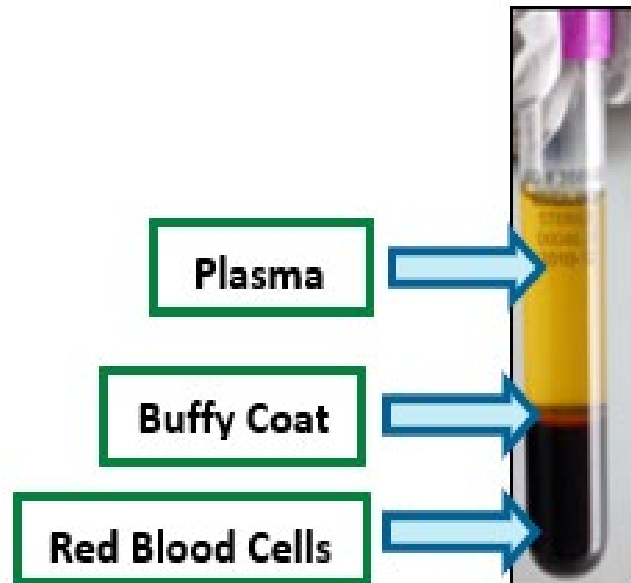
# Cryovial Cap Colors

Cap Color	Sample Type	Cap Image
Yellow	BAL Plasma (750 ul)	
Purple	Plasma	
Blue	Residual (Plasma or CSF)	
Clear	Buffy Coat	
Orange	CSF	

# Plasma Collection

Create up to:

- 4 aliquots (10 ml kit) or
- 7 aliquots (20 ml or 40 ml kit) or
- 10 aliquots (30 ml or 50 ml kit)



# Plasma Collection

Low draw? Prioritize 0.75 ml BAL aliquot in yellow cap

## 10 ml kit

- One 0.75 ml BAL aliquot in yellow cap
- Two 1.5 ml aliquots in purple caps
- One residual aliquot in blue cap

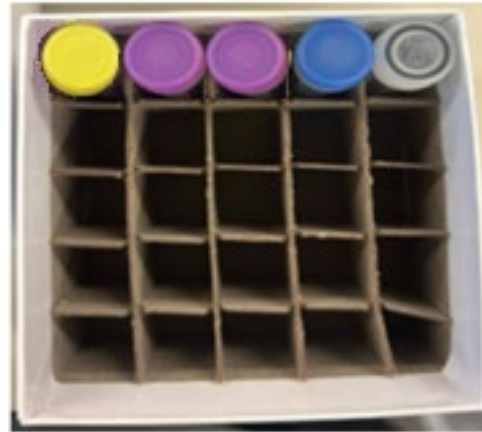
## 20 ml or 40 ml kit

- One 0.75 ml BAL aliquot in yellow cap
- Five 1.5 ml aliquots in purple caps
- One residual aliquot in blue cap

## 30 ml or 50 ml kit

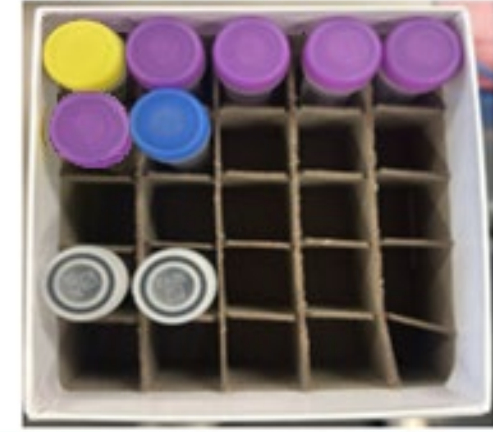
- One 0.75 ml BAL aliquot in yellow cap
- Eight 1.5 ml aliquots in purple caps
- One residual aliquot in blue cap

10 ml Collection



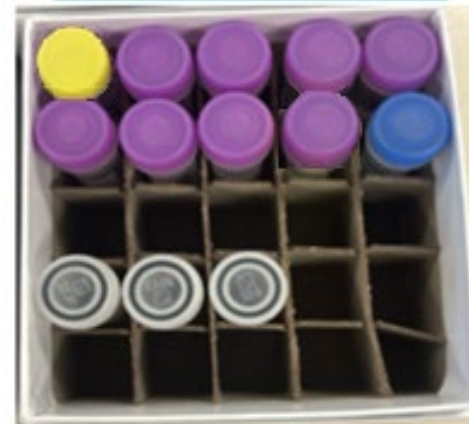
Plasma Aliquots (up to 4 possible) and Buffy Coat (1)

20 ml or 40 ml Kit



Plasma Aliquots (up to 7 possible) and Buffy Coats (2)

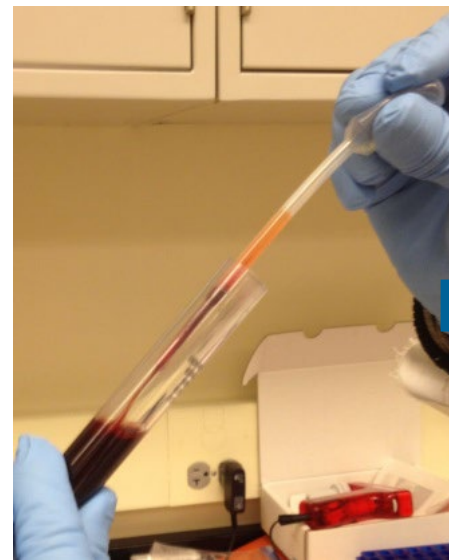
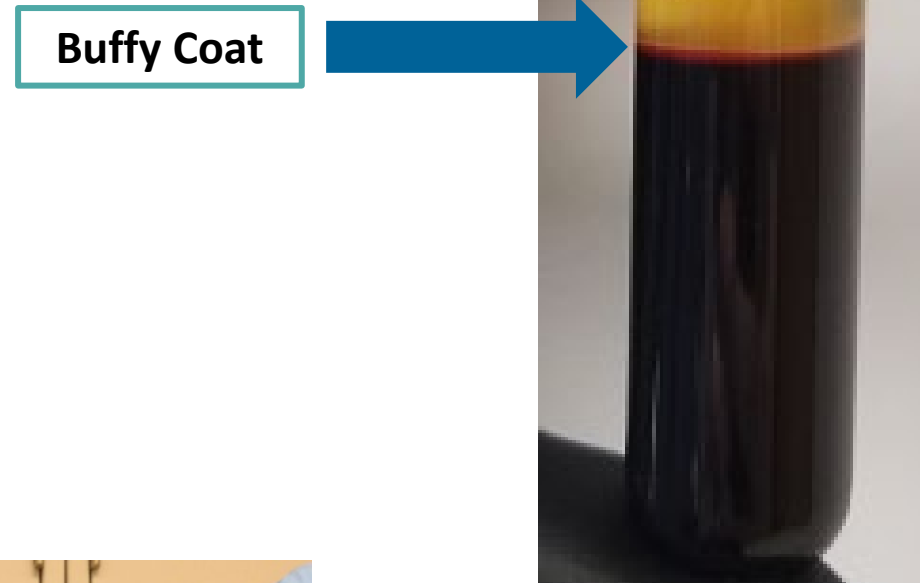
30 ml or 50 ml Kit



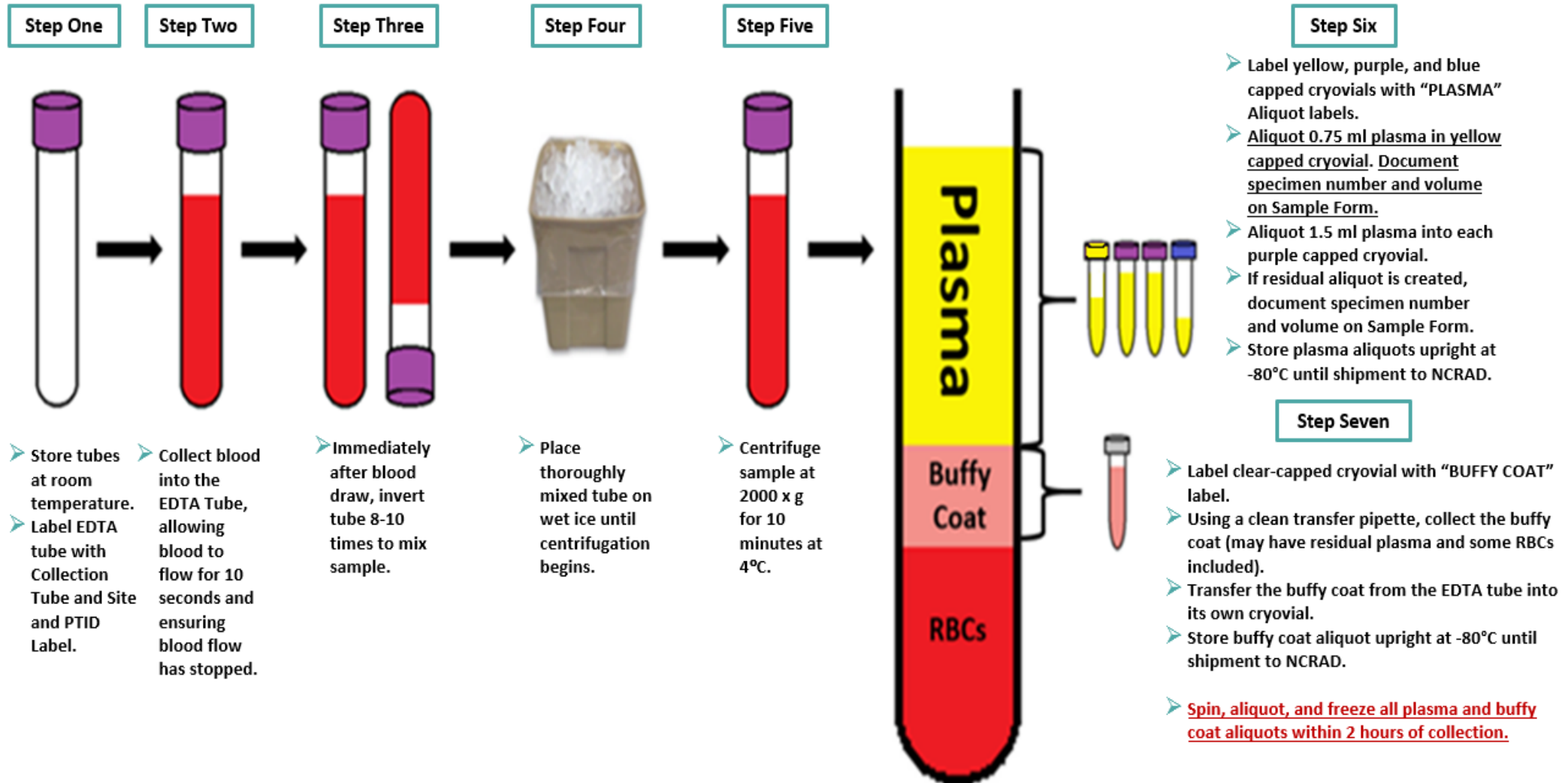
Plasma Aliquots (up to 10 possible) and Buffy Coats (3)

# Buffy Coat Collection

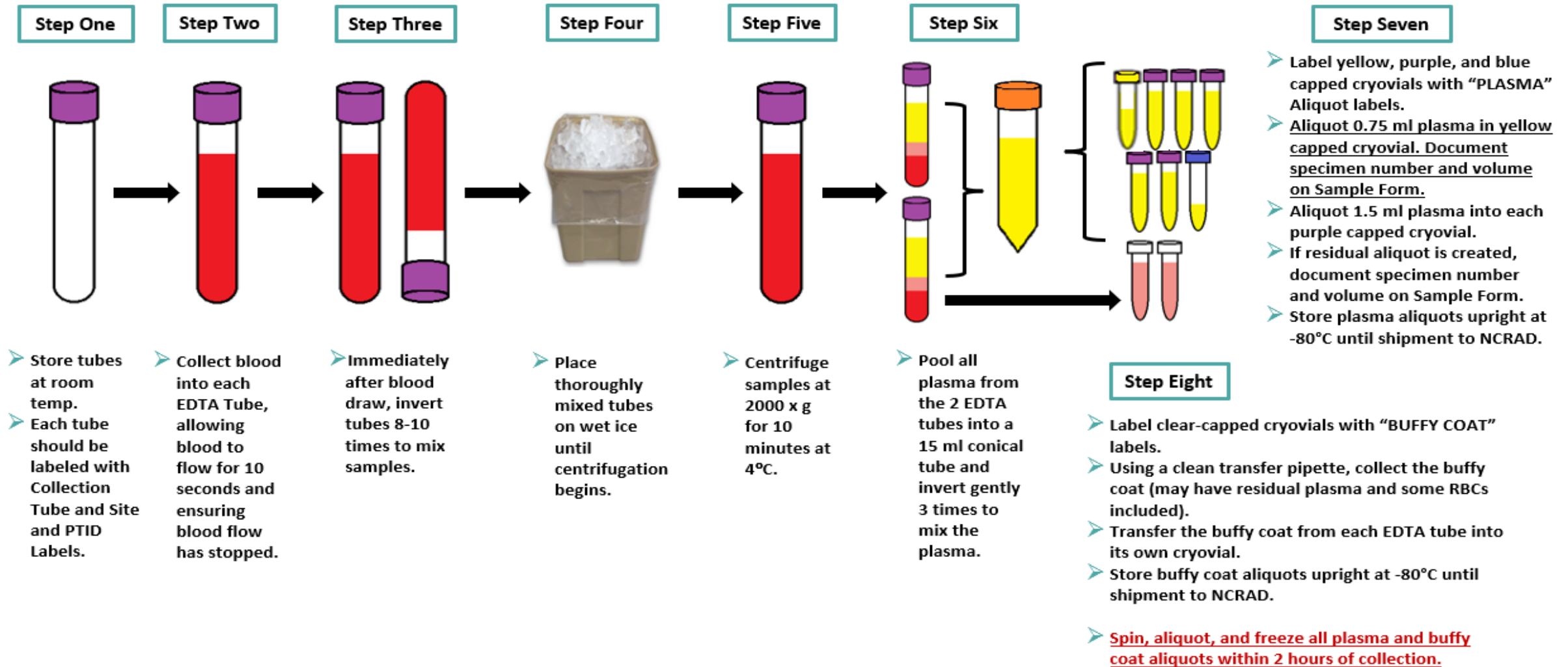
- Expected to have a reddish color from the RBCs.
- Be sure to only place the buffy coat from one EDTA tube into each cryovial
- Create up to:
  - 1 buffy coat (10 ml kit)
  - 2 buffy coats (20 ml or 40 ml kit)
  - 3 buffy coats (30 ml or 50 ml kit)



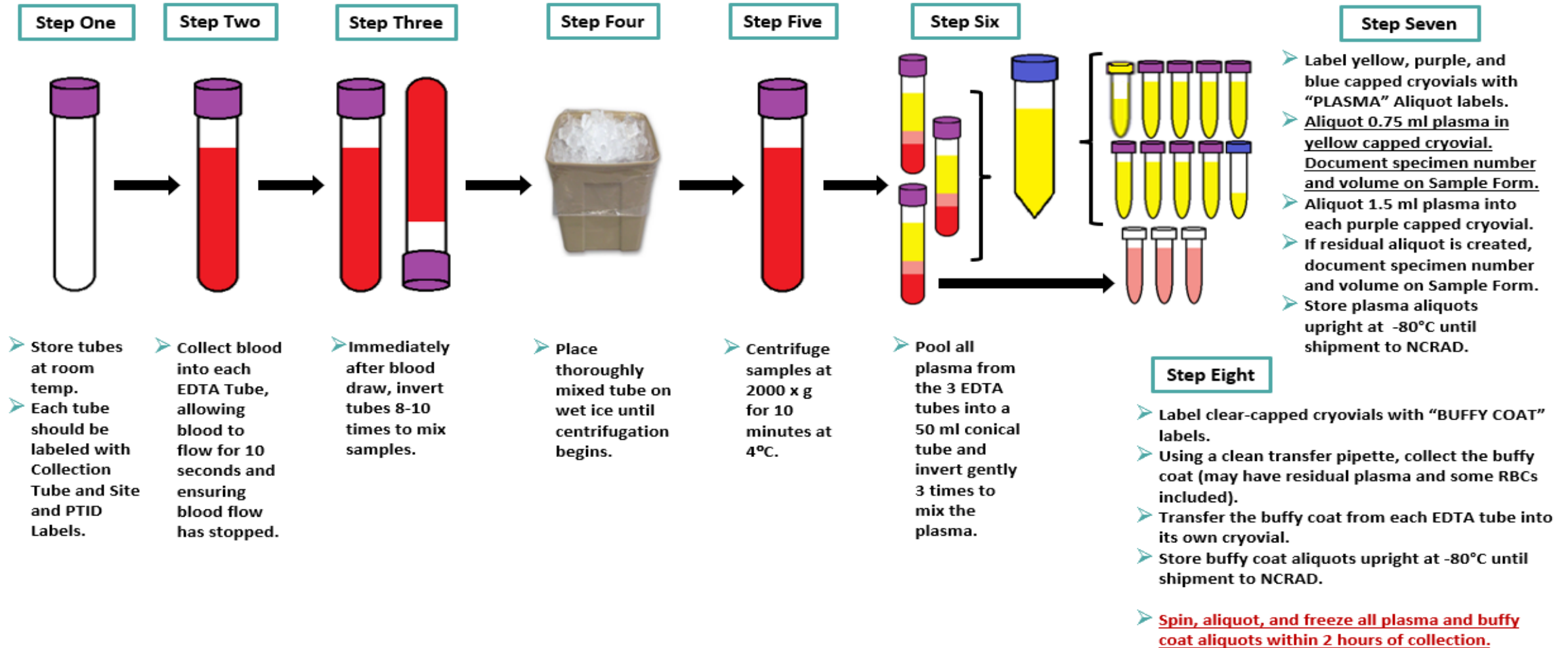
# Plasma/Buffy Coat Collection and Processing: 10 ml



# Plasma/Buffy Coat Collection and Processing: 20 ml



# Plasma/Buffy Coat Collection and Processing: 30 ml

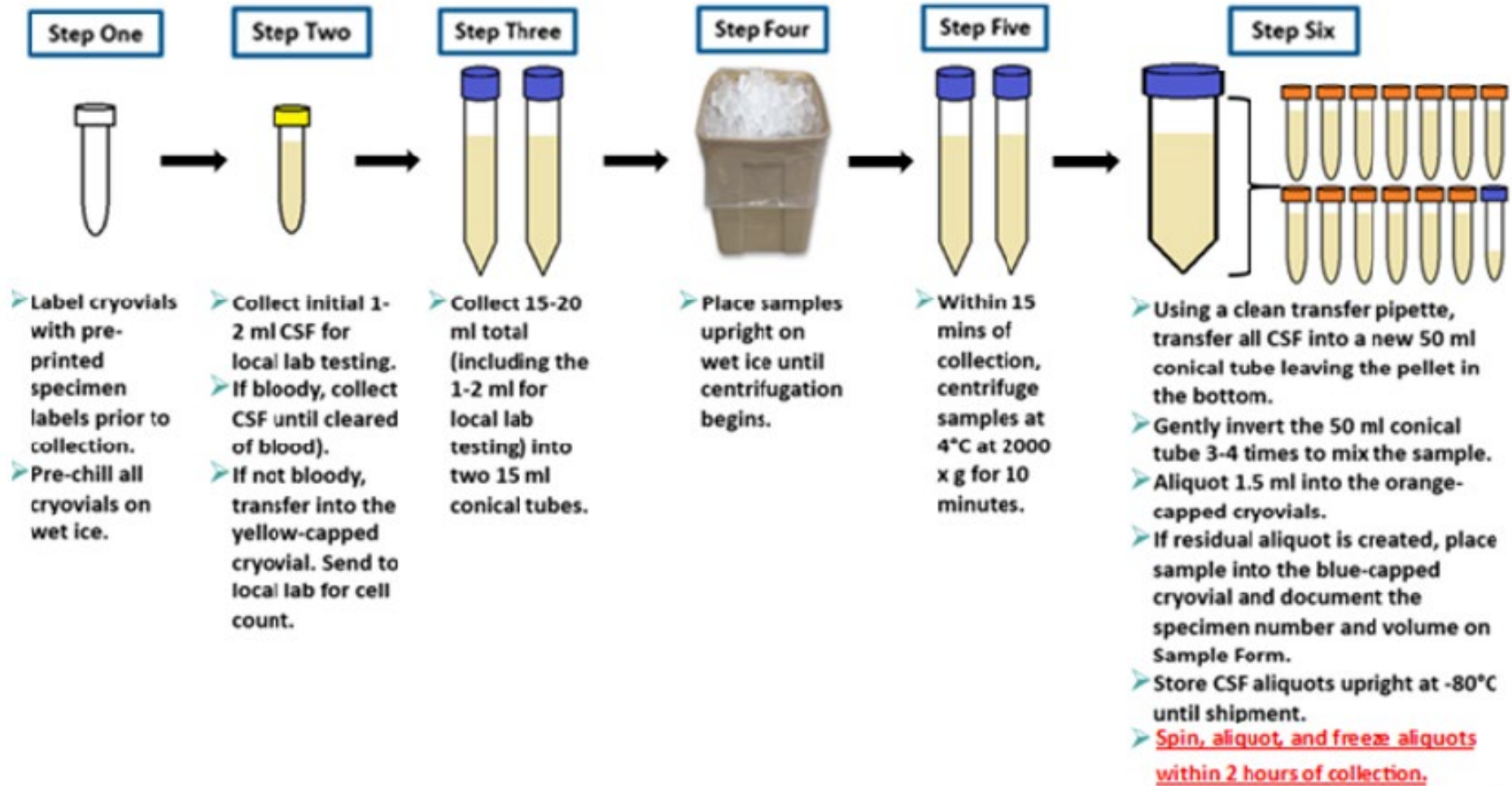


# CSF Collection

- Create up to:
  - 14 aliquots
    - 13 1.5ml aliquots in orange caps
    - 1 residual aliquot in blue cap



# CSF Preparation (15-20 ml total)



# Packaging Sample Shipments



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# Sample Shipment Summary

Collection Tube	Drawn At	Specimen Type	Aliquot Volume	Total Number of Aliquots	Shipping Temperature
2 Sodium Heparin (Green-Top) Blood Collection Tubes (10 ml)	Each visit	Whole Blood	N/A	N/A	Ambient
1, 2, or 3 EDTA (Purple-Top) Blood Collection Tubes (10 ml)	Each visit	Plasma	0.75 ml plasma aliquot	1	Frozen
	Each visit	Plasma	1.5 ml plasma aliquots	Up to 9	Frozen
	Each visit	Buffy Coat	~1.0 ml buffy coat aliquots	Up to 3	Frozen
Sterile Container	Each visit	CSF	1.5 ml CSF aliquots	Up to 14	Frozen

# Ambient Shipment Packaging



**Only Monday-Thursday collection and same day shipping. Plan ahead to schedule UPS.**



**Samples must be received at NCRAD one day after collection.**

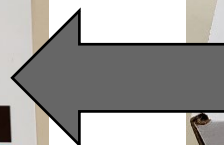
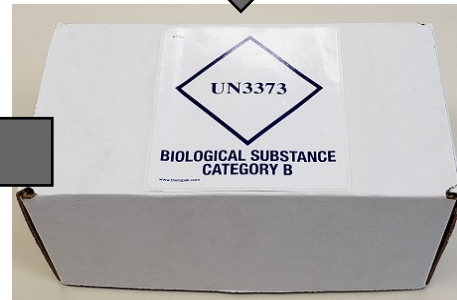
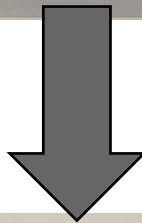
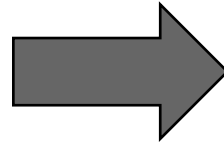


**Do NOT draw or ship ambient samples on Friday**



**Include copy of Compact Sample Form or Blood Sample Shipment and Notification Form**

# Preparing Ambient Shipments



- Place the ambient PBMC tubes in the absorbent slots and biohazard bag.
- Place the bag inside the small shipping box, and then set the refrigerant pack on top of it.
- Place small shipping box within a provided UPS Laboratory Pak, seal, and place UPS label on outside of package.

# Preparing Frozen Shipments



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



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



Include copy of Compact Sample Form or Blood Sample Shipment and Notification Form



Batch samples together (3 or 8 cryoboxes)

# Packaging Samples

Use the biohazard bag to package the 25-Slot cryobox



# Frozen Shipment Packaging

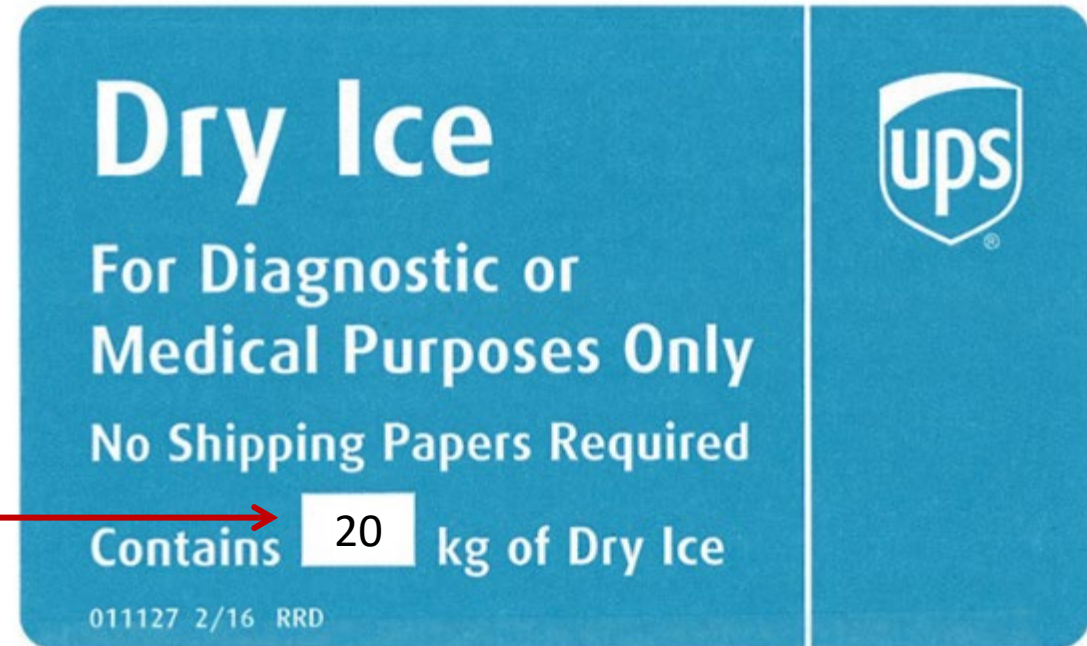
- Place 2-3 inches of dry ice in the bottom of the Styrofoam shipping container, then insert the cryoboxes laying upright.
- Fully cover the cryoboxes with about 2 inches of dry ice in the provided shipper.
- Each Styrofoam shipper must contain about 45 lbs (20 kg) of dry ice.
- Fill shipper to the top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



# Frozen Shipping – Dry Ice Requirements

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

Net weight  
of dry ice  
in **kg**



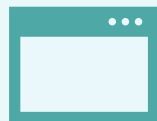
# Creating Airbills/Scheduling Pickups

NCRAD

The logo for NCRAD features the letters 'NCRAD' in a sans-serif font. The letters 'N', 'C', and 'R' are in a dark blue color, while 'A', 'D', and the final 'A' are in a lighter blue color. Below the text, there are two horizontal double-headed arrows. The first arrow is dark blue and spans the width of the 'NCR' portion. The second arrow is lighter blue and spans the width of the 'AD' portion.

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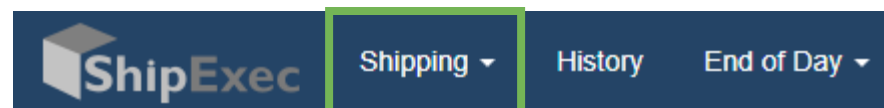
# UPS ShipExec™ Thin Client Website



Log into the [ShipExec Thin Client](#)



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





# Finding Your Contact Information, Continued

- 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

Search Address

Select address book

Address Book	Type
RETURNS	Company

Group: ADCFB (NCRAD) ▼

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	Contact
<input type="button" value="Select"/>	ADCFB ARIZONA BARROW	Barrow ADCFB	Angelica Garcia
<input type="button" value="Select"/>	ADCFB ARIZONA BSHRI	Arizona Alzheimer's Center: BSHRI	Dr. Geidy Serrano
<input type="button" value="Select"/>	ADCFB BOSTON	Boston University ADRC	Eric Steinberg
<input type="button" value="Select"/>	ADCFB JOHNS HOPKINS	John Hopkins ADRC	Carol Gogel
<input type="button" value="Select"/>	ADCFB KANSAS	University of Kansas	Kayla Meyer
<input type="button" value="Select"/>	ADCFB MGH	Massachusetts General Hospital	Raya Kumar
<input type="button" value="Select"/>	ADCFB MICHIGAN	University Of Michigan	Matthew Perkins
<input type="button" value="Select"/>	ADCFB NYU	NYU Langone Medical Center	Ashley Clayton

# Verify Information

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

Ship From		Shipment Information	
Code	ADCFB NYU	Study Group	ADCFB (NCRAD)
Company	NYU Langone Medical Center	Weight	LB
Contact	Ashley Clayton	Dry Ice Weight	LB
Address 1	145 East 32nd Street-2nd floor	Description of Return	Biological Specimens
Address 2			
Address 3			
City	NEW YORK		
State/Province	NY		
Postal Code	10016		
Country/Territory	United States		

# Entering Shipment Information

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

Shipment Information

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

[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 displays a web interface for requesting a UPS pickup. It is divided into two main sections: 'Shipment Information' and 'Create Pickup Request'.

**Shipment Information:**

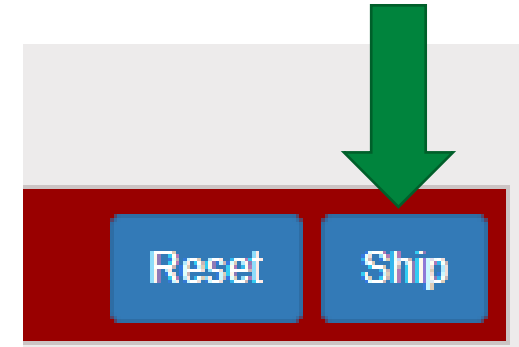
- Study Group:** A dropdown menu.
- Weight:** A text input field followed by a dropdown menu set to 'LB'.
- Dry Ice Weight:** A text input field followed by a dropdown menu set to 'LB'.
- Description of Return:** A text input field containing 'Biological Specimens'.
- Pickup Request:** A blue button.

**Create Pickup Request:**

- Pickup Date:** A date input field showing '2021-03-15' with a calendar icon.
- Earliest Time Ready:** A time input field with the placeholder 'HH:MM (24 hours format)'.
- Latest Time Ready:** A time input field with the placeholder 'HH:MM (24 hours format)'.
- Contact Name:** A text input field.
- Contact Phone:** A text input field.
- Payment Method:** A dropdown menu set to 'Pay by shipper account'.
- Room Number:** A text input field.
- Floor:** A text input field.
- Buttons:** 'Save' and 'Cancel' buttons at the bottom right.

# 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

Pickup No: 2929602E9CP

---

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

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

## Airbill

JOHN SMITH  
317-555-1234  
INDIANA UNIVERSITY  
980 W. WALNUT STREET  
INDIANAPOLIS IN 46202

20 LBS

1 OF 1

**RS**

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

---

 IN 461 9-01  


---

**UPS NEXT DAY AIR** **1**  
TRACKING #: 1Z 976 R8W 84 3084 1976

---

 **SAMPLE**

---

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

Reference No.1: 6683830

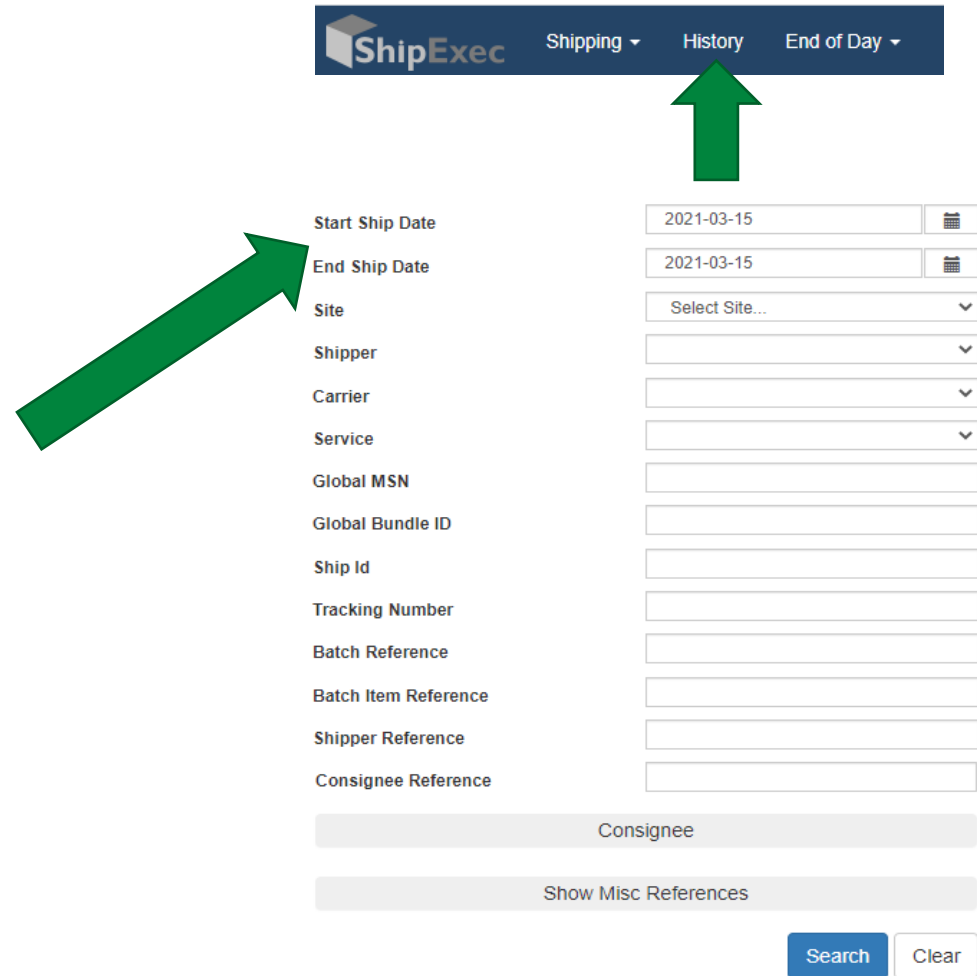
# Accessing Airbill, Continued

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

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

# 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 green 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]
- Global Bundle ID: [Text]
- Ship Id: [Text]
- Tracking Number: [Text]
- Batch Reference: [Text]
- Batch Item Reference: [Text]
- Shipper Reference: [Text]
- Consignee Reference: [Text]

Below the search filters, there are two buttons: "Consignee" and "Show Misc References". At the bottom right, there are two buttons: "Search" and "Clear". A green arrow points to the "Search" button.

# Reprint Airbill

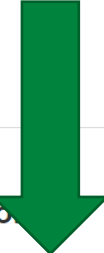
- Click the print icon to reprint airbill







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	

# Notify NCRAD of Incoming Shipments

- Before or on day of shipment complete the [NCRAD Specimen Shipment Notification Form](#)
- Collects Kit Numbers, PTIDs, and sample forms.
- Automatically emails [alzstudy@iu.edu](mailto:alzstudy@iu.edu) and NCRAD study coordinator

## NCRAD Specimen Shipment Notification Form

Please complete the Specimen Shipment Notification Form below. The NCRAD team will automatically be notified about your shipment upon submission of this form.

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

NCRAD Phone: 1-800-526-2839

**Study**

\* must provide value

**Name of study contact completing this form**

\* must provide value

**Email of study contact completing this form**

\* must provide value

**Are there any additional email addresses that should be notified about the status of this shipment?**

\* must provide value

- No  
 Yes - 1 additional  
 Yes - 2 additional  
 Yes - 3 additional

reset

**Courier**

\* must provide value

- UPS  
 FedEx  
 World Courier  
 US Postal Service  
 Other

reset

**Shipment tracking number:**

\* must provide value

**Is this shipment frozen or ambient?**

\* must provide value

- Ambient  
 Frozen

reset

**Sample type(s) included in shipment**

- Blood, or processed blood (plasma, serum, etc.)  
 CSF  
 Stool

# ADCFB Specimen Collection And Processing Form

<https://redcap.link/ADCFBSampleForm>



National Centralized Repository for  
Alzheimer's Disease and Related Dementias

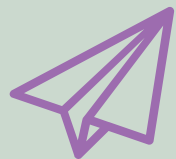
# ADCFB Specimen Collection And Processing Form



A copy of the sample form *must* be submitted via the Shipment Notification Form, emailed, or faxed to NCRAD prior to the date of sample arrival.



Please include sample forms in all shipments of frozen and ambient samples.



Complete the [NCRAD Specimen Shipment Notification Form](#).

# Site and Patient Information

- Select site from drop down
- Enter contact name and email
- Enter Patient ID exactly as reported to NACC
- GUID (if applicable)
- NACC ID (if available)
- Sex
- Year of Birth

Site Information	
<b>Study Site</b> <i>For remote visits, please enter the recruiting/coordinating site affiliated with the participant.</i> *	<input type="text"/>
<b>Name of contact at site</b> *	<input type="text"/>
<b>Email address of staff member completing this form</b> <i>Note: A copy of the completed sample form and the shipping manifests will be sent to this address.</i> *	<input type="text"/>
<b>Phone Number of staff member completing this form</b>	<input type="text"/>
Participant Information	
<b>ADCFB Participant ID:</b> *	<input type="text"/>
<b>GUID:</b>	<input type="text"/>
<b>NACC ID:</b>	<input type="text"/>
<b>Participant biological sex</b> *	<input type="text" value="v"/>
<b>Participant Year of Birth:</b> *	<input type="text"/> 4 characters remaining

# Visit Information

- NACC Visit
  - Whole number
- Kit Number
- Sample Form Type
  - Collection type

### Visit Information

**NACC Visit**  
*Standard: should be a round numerical value (no letters, no decimals)*

\*

**Kit Number**

7 characters remaining

\*

**Sample Form Type**

\*

**Blood**

**CSF**

[reset](#)

# Collection Information

- Sample Types collected
- Opens fields to enter relevant processing information

**Sample Form Type** \*

**Blood**

CSF

reset

**Sample Collection**

**Date & Time of Sample Collection** \*

MM/DD/YYYY M-D-Y H:M

**Date & Time Participant Last Ate**

MM/DD/YYYY M-D-Y H:M

**PBMC (NaHep Tubes)**

**Was blood collected for PBMCs?** \*

**Yes**

**No**

reset

**Plasma & Buffy Coat (EDTA Tubes)**

**Was blood collected and processed for Plasma/Buffy Coat?** \*

**Yes**

**No**

reset

# Example: Plasma & Buffy Coat

- Sample counts and barcodes
- Processing information: Collection Time, Time aliquoted, time spun, time frozen
- Centrifuge parameters and freeze information
- Comments

Plasma & Buffy Coat (EDTA Tubes)

Was blood collected and processed for Plasma/Buffy Coat?  
 Yes  
 No  
reset

Number of 10mL EDTA tubes collected  
  
  
  
reset

Time spin started  
  
 1:51 AM  
Use 24 Hour clock.

Duration of centrifuge  
Standard: 10 minutes  
  
minutes

Rate of centrifuge  
Standard: 2000g  
  
x g

Temp of centrifuge  
Standard: 4 degrees Celsius  
  
degrees Celsius

Time aliquoted  
  
 1:51 AM  
Use 24 Hour clock

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

Was a residual plasma aliquot created?  
 Yes  
 No  
reset

Number of BUFFY COAT aliquots created  
  
  
  
  
reset

Time aliquots frozen:  
  
 1:51 AM  
Use 24 Hour clock

Storage temperature of freezer:  
Standard: -80 degrees Celsius  
  
degrees Celsius

EDTA/plasma/buffy coat notes  
  
Expand

# Submitting Sample Forms

Continue to Review

Save & Return Later

- A page will open providing a return link and a code to return to the survey later.
  - Kit Number and PTID will be requested as a password

**You must click "submit" below to receive a copy of the sample form for your records**

If you see anything that is incorrect, please click "submit" below and email the study NCRAD study coordinator.

Study: ADCFB  
Study site: NCRAD  
Participant ID: TEST12345  
Sex: Female  
Participant Year of Birth: 1950  
Visit: 1 | Kit Number: 1234567  
Date & Time Participant Last Ate: 09-21-2025 14:27  
Date & Time of Collection: 09-22-2025 08:00

PBMCs (10ml NaHep Collection Tubes)	
Collected: Yes	
# 10ml NaHeps Collected: 1	
NaHep #1: 1234	
NaHep #2: _____	
PBMC Notes: _____	

Plasma & Buffy Coat (10ml EDTA Collection Tubes)	
Collected: Yes	# 10ml EDTAs Collected: 2
EDTA #1: 3333	Volume Collected in EDTA #1: 10
EDTA #2: 3334	Volume Collected in EDTA #2: 10
EDTA #3: _____	Volume Collected in EDTA #3: _____
<b>Number of 1.5 mL plasma aliquots created (purple cap): 5</b>	
<b>Residual Plasma? Yes</b>	
Residual Plasma #: 3335	Residual Plasma Volume: 500
<b>Number of Buffy Coat Aliquots: 2</b>	
Buffy Coat #1: 3434	Buffy Coat #1 Volume: 500
Buffy Coat #2: 3445	Buffy Coat #2 Volume: 500
Buffy Coat #3: _____	Buffy Coat #3 Volume: _____
EDTA/Plasma/BC Notes: _____	

NCRAD Coordinator: Stephanie Steidel

Submit

Review information and click  
Submit

# Confirmation of Submission

Thank you for completing the sample collection and shipping information for Kit 1234567, Visit 1.

You will receive a copy of the condensed form in your email. You may also download a copy of the condensed form by clicking the "Download" button below.

Please remember to include a hard copy of the **condensed** (1 page) Sample Collection & Processing Form in your shipment.

To generate an air waybill and schedule a UPS pickup, please go to the [NCRAD UPS Portal](#).

Prior to shipping samples to NCRAD, please remember to complete the Shipment Notification Survey here: <https://redcap.uits.iu.edu/surveys/?s=YKEHAYRLFFWXRYLY>.

Thank you!

Download your survey response (PDF):



Close survey

- 2 confirmation emails:
  - One includes compact form
  - One includes long form with all entered fields
- Print compact form to include in shipment and include with shipment notification
- After submitting forms can only be modified by NCRAD staff.

**Appendix C: Blood Sample and Shipment Notification Form**  
Please complete the NCRAD Specimen Shipment Notification Form before shipment.

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

From: _____		UPS tracking #: <b>1Z976R8W84</b>	
Phone: _____		Email: _____	
Study: ADCFB	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Year of Birth: _____	
Site ID: _____	PT ID: _____	KIT BARCODE	
GUID: _____		NACC Visit: _____	
<b>Blood Collection:</b>			
Date of Draw: _____ [MMDDYY]		Time of Draw: _____ [HHMM]	
Date participant last ate: _____ [MMDDYY]		Time participant last ate: _____ [HHMM]	
PBMC (NaHep Tubes) <input type="checkbox"/> N/A			
#1	Specimen Number (Last four digits): _____	Original volume drawn: _____ mL	
#2	Specimen Number (Last four digits): _____	Original volume drawn: _____ mL	
<b>Blood Processing: Plasma &amp; Buffy Coat (EDTA Tube)</b>			
EDTA #1 specimen number (Last four digits): _____		Original blood volume of EDTA #1: _____ mL	
EDTA #2 specimen number (Last four digits): _____	<input type="checkbox"/> N/A	Original blood volume of EDTA #2: _____ mL	<input type="checkbox"/> N/A
EDTA #3 specimen number (Last four digits): _____	<input type="checkbox"/> N/A	Original blood volume of EDTA #3: _____ mL	<input type="checkbox"/> N/A
Time spin started: _____ [HHMM]		Duration of centrifuge: _____ mins	
Temp of centrifuge: _____ °C		Rate of centrifuge: _____ x g	
Time aliquoted: _____ [HHMM]		Number of 1.5 mL plasma aliquots created (purple cap): _____	
Volume of BAL plasma aliquot (0.75 mL in yellow cap): _____ mL		Specimen number of BAL plasma aliquot (Last four digits): _____	
Volume of residual plasma aliquot (less than 1.5 mL in blue cap): _____ mL	<input type="checkbox"/> N/A	Specimen number of residual plasma aliquot (Last four digits): _____	<input type="checkbox"/> N/A
Buffy coat #1 specimen number (Last four digits): _____		Buffy coat #1 volume: _____ mL	
Buffy coat #2 specimen number (Last four digits): _____	<input type="checkbox"/> N/A	Buffy coat #2 volume: _____ mL	<input type="checkbox"/> N/A
Buffy coat #3 specimen number (Last four digits): _____	<input type="checkbox"/> N/A	Buffy coat #3 volume: _____ mL	<input type="checkbox"/> N/A
Time aliquots frozen: _____ [HHMM]		Storage temperature of freezer: _____ °C	
Notes: _____			

**Appendix D: CSF Sample and Shipment Notification Form**  
Please email 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

From: _____		UPS tracking #: <b>1Z976R8W84</b>	
Phone: _____		Email: _____	
Study: ADCFB	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Year of Birth: _____	
Site ID: _____	PT ID: _____	KIT BARCODE	
GUID: _____		NACC Visit: _____	
<b>CSF Collection:</b>			
Date of Draw: _____ [MMDDYY]		Time of Draw: _____ [HHMM]	
Date participant last ate: _____ [MMDDYY]		Time participant last ate: _____ [HHMM]	
Collection process: <input type="checkbox"/> Gravitational OR <input type="checkbox"/> Pull		Needle used to collect CSF:	
		<input type="checkbox"/> 20g Quincke	<input type="checkbox"/> 22g Sprotte
		<input type="checkbox"/> 22g Quincke	<input type="checkbox"/> 24g Sprotte
		<input type="checkbox"/> 25g Quincke	<input type="checkbox"/> Other (please specify): _____
<b>CSF Processing:</b>			
Time spin started: _____ [HHMM]			
Duration of centrifuge: _____ mins			
Temp of centrifuge: _____ °C			
Rate of centrifuge: _____ x g			
Total amount of CSF collected (mL): _____ mL			
Time aliquoted: _____ [HHMM]			
# of 1.5 mL CSF aliquots created (Orange-capped cryovial)			
If applicable, volume of CSF residual aliquot (less than 1.5 mL): (Blue-capped cryovial)		_____ mL	
If applicable, specimen number of residual aliquot: (Last four digits)		_____	
Time aliquots frozen: _____ [HHMM]			
Storage temperature of freezer: _____ °C			
Notes: _____			

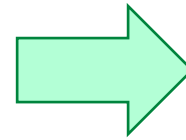
# Noncomformance Issues



National Centralized Repository for  
Alzheimer's Disease and Related Dementias

# Nonconformance Issues 1

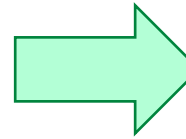
Sample aliquots and collection tubes frozen at an angle/inverted



**Recommendation:**

Place aliquots in Argos boxes/tube rack in freezer *upright* until shipment

Errors or blanks on ADCFB Specimen Collection And Processing Form



**Recommendation:**

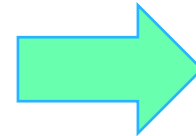
Pay attention to required fields and any warning messages when completing the survey.

Incorrect data reported on ADCFB Specimen Collection And Processing Form

Complete forms during the participant study visit, if possible, as samples are processed.

# Nonconformance Issues 2

Ambient PBMC samples not shipped to NCRAD the day of blood draw



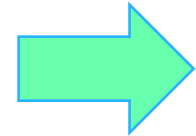
**Recommendation:**

No samples should be held ambient for any period of time at the site. Ensure all ambient PBMC samples are shipped by end of the day.

All frozen samples for a participant not sent within one shipment box (plasma and buffy coat aliquots should be kept together)

Aliquots arriving to NCRAD without labels

NCRAD not notified about an incoming shipment



**Recommendation:**

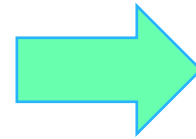
Always ship frozen samples for the same collection together in the same cryobox.

Do not throw away labels until samples are packed and shipped.

Always complete the [NCRAD Specimen Shipment Notification Form](#) when preparing shipments.

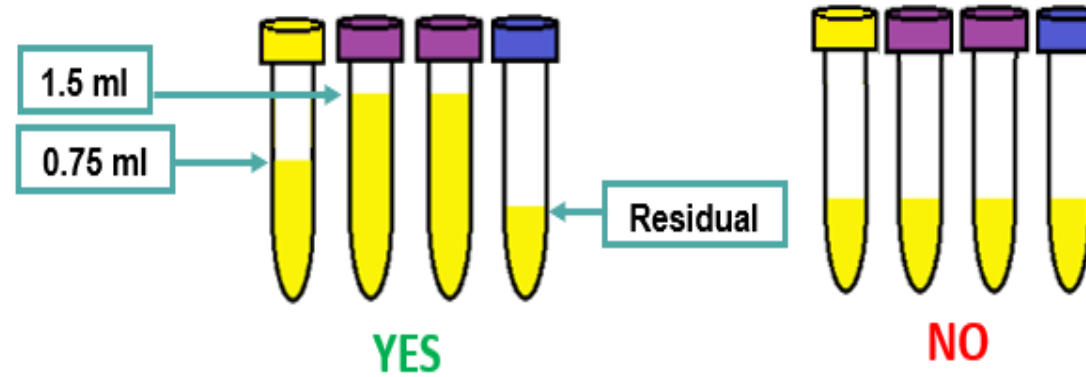
# Nonconformance Issues 3

Multiple low volume aliquots



**Recommendation:**

Lay out cryovials in a row and aliquot in order until sample is depleted



# NCRAD Website



National Centralized Repository for  
Alzheimer's Disease and Related Dementias

# NCRAD Website: Helpful Pages

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

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

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

## SHIPPING RESOURCES

### Shipping Address

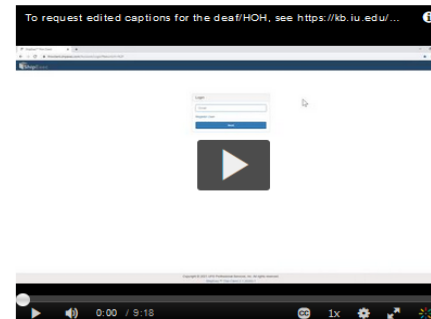
NCRAD  
Indiana University School of Medicine  
351 W. 10th St TK-217  
Indianapolis, IN 46202

### UPS Shipping Resources

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

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

### Navigating UPS ShipExec™



# Contact Information

Stephanie  
Steidel

- Phone: (317) 274-1685
- E-mail: [ssteidel@iu.edu](mailto:ssteidel@iu.edu)

General NCRAD  
Contact

- Phone: (800) 526-2839
- Alternate phone: (317) 278-8413
- E-mail: [alzstudy@iu.edu](mailto:alzstudy@iu.edu)
- Website: [www.ncrad.org](http://www.ncrad.org)