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

and

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

Biofluids Collection Training Slides

NCRAD

National Centralized Repository for
Alzheimer's Disease and Related Dementias

Contact Information

- Questions?

  Please contact NCRAD Coordinators at:

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

NCRAD

Training Overview

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

NCRAD

Specimen Collection Schedule

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

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COORDINATE STUDIES

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

Coordinate Studies / PATH

THE PATHWAYS ACTIVE STUDY PAGE

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

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

SPECIMEN COLLECTION OVERVIEW

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

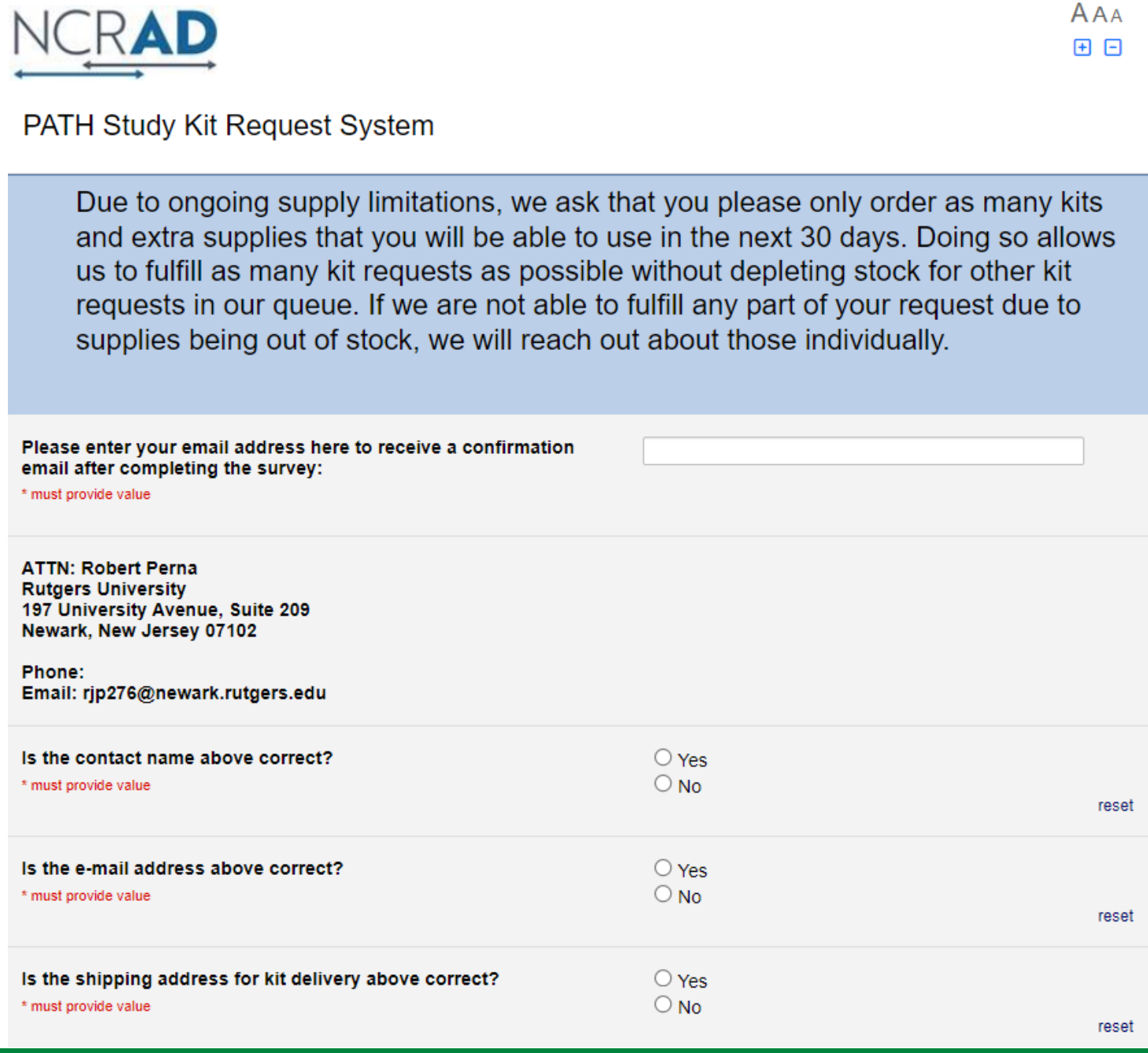
Kit Request Module

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

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

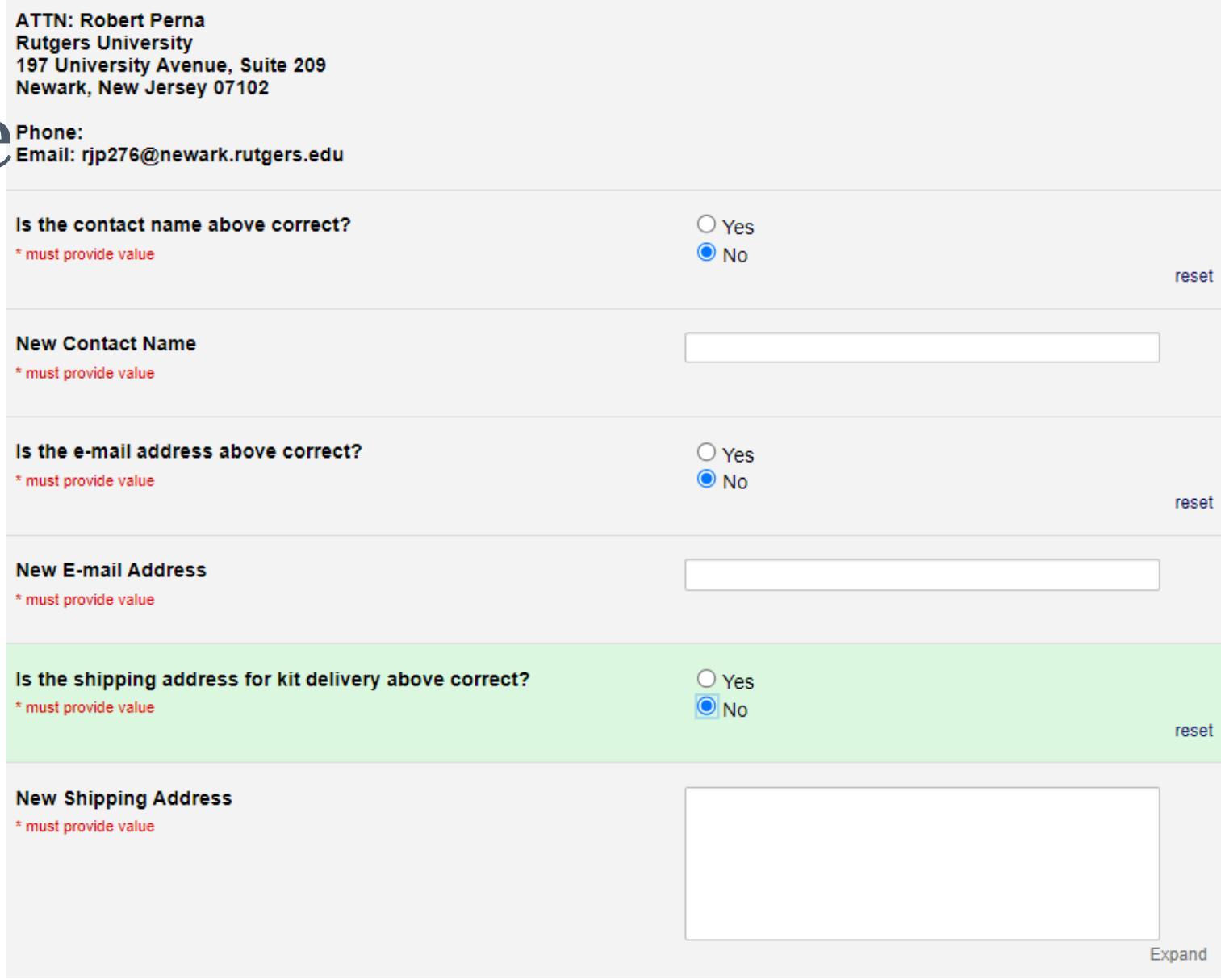
Kit Request Module

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



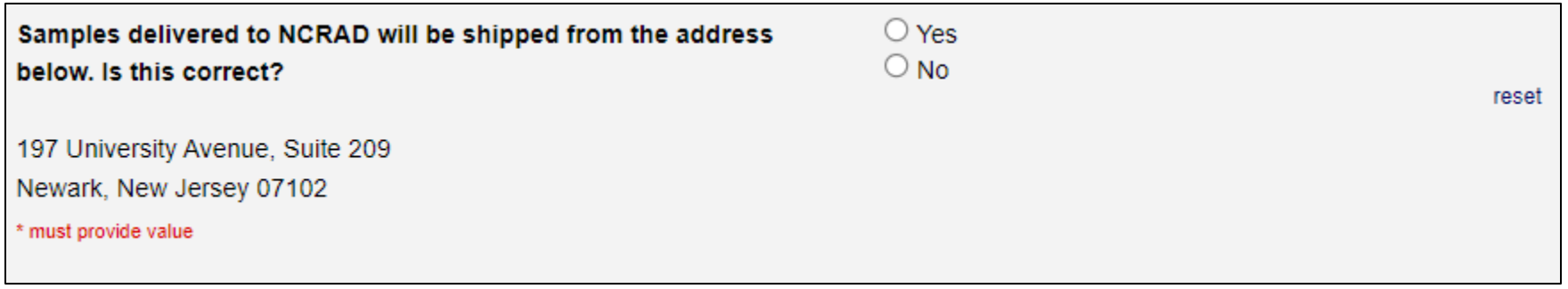
Kit Request Module

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



Kit Request Module

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



Kit Request Module

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

Blood Kit Quantity (11015)

Blood Kit Contents:

- 3 x EDTA (purple-top) blood collection tube (10 ml) - CT001
- 1 x EDTA (purple-top) blood collection tube (6 ml) - CT003
- 9 x Cryovial (2.0 ml) with purple cap - CV027
- 1 x Cryovial (2.0 ml) with blue cap - CV034
- 14 x Preprinted Collection Tube and Aliquot Labels (3x WBLD EDTA10; 10x PLA; and 1x WBLD EDTA6) - LB003
- 3 x Preprinted Kit Number Label (1 for sample form, 1 for cryobox, 1 extra) - LB003
- 5 x Label for handwritten Sequence ID (3 for 10ml EDTAs, 1 for 6ml EDTA, 1 extra) - LB003
- 1 x Disposable graduated transfer pipettes (3 ml) - CV015
- 1 x Unwrapped 50ml conical - CV019
- 1 x Bubble wrap tube sleeve - SH032
- 1 x Resealable Bag - ST002
- 1 x kit bag label - LB006

Image of Blood Kit (11015)

Kit Request Module

- Supplemental kits should primarily be ordered at study start up, and rarely throughout the course of the study.

- Kit components are listed for your convenience.

Supplemental kit Quantity (11016)

**Only needed at study start up*

Supplemental kit contents:

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

Image of Supplemental kit (11016)

Kit Request Module

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

Frozen Blood Shipping Supply Kit Quantity (10719)

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

Frozen Blood Shipping Supply Kit Contents:

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

Image of Frozen Blood Shipping Supply Kit Quantity (10719)

Kit Request Module

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

Sequence ID	
PATH _____	

PATH Sequence ID Labels *(LB003)*

Do you need Extra Supplies? (Yes / No) reset
* must provide value

25 cell Cryobox *(CV005)* (5 / 10) reset

Cryovial tubes (2.0 ml) with lavender cap *(CV027)* (10 / 25) reset

Cryovial tubes (2.0 ml) with clear cap *(CV014)* (5 / 10) reset

Cryovial tubes (2.0 ml) with blue cap *(CV034)* (10 / 25) reset

UN3373 labels *(LB008)* (5 / 10) reset

Biohazard label *(LB009)* (5 / 10) reset

Dry ice shipping label
LB016 (UPS) (5 / 10) reset

Shipping container for dry ice shipment (shipping and styrofoam box) (Med Frozen Shipper/Lg brain box SH003)(Exterior size: 16 x 16 x 15 1/2")
(SH003) (1 / 2 / 3 / 4) reset

Plastic Biohazard bag with absorbent sheet (small) *(SH015)* (5 / 10) reset

Disposable graduated transfer pipette *(CV015)* (5 / 10) reset

EDTA (Lavender-Top) Blood Collection Tube (10 ml) *(CT001)* (5 / 10 / 15) reset

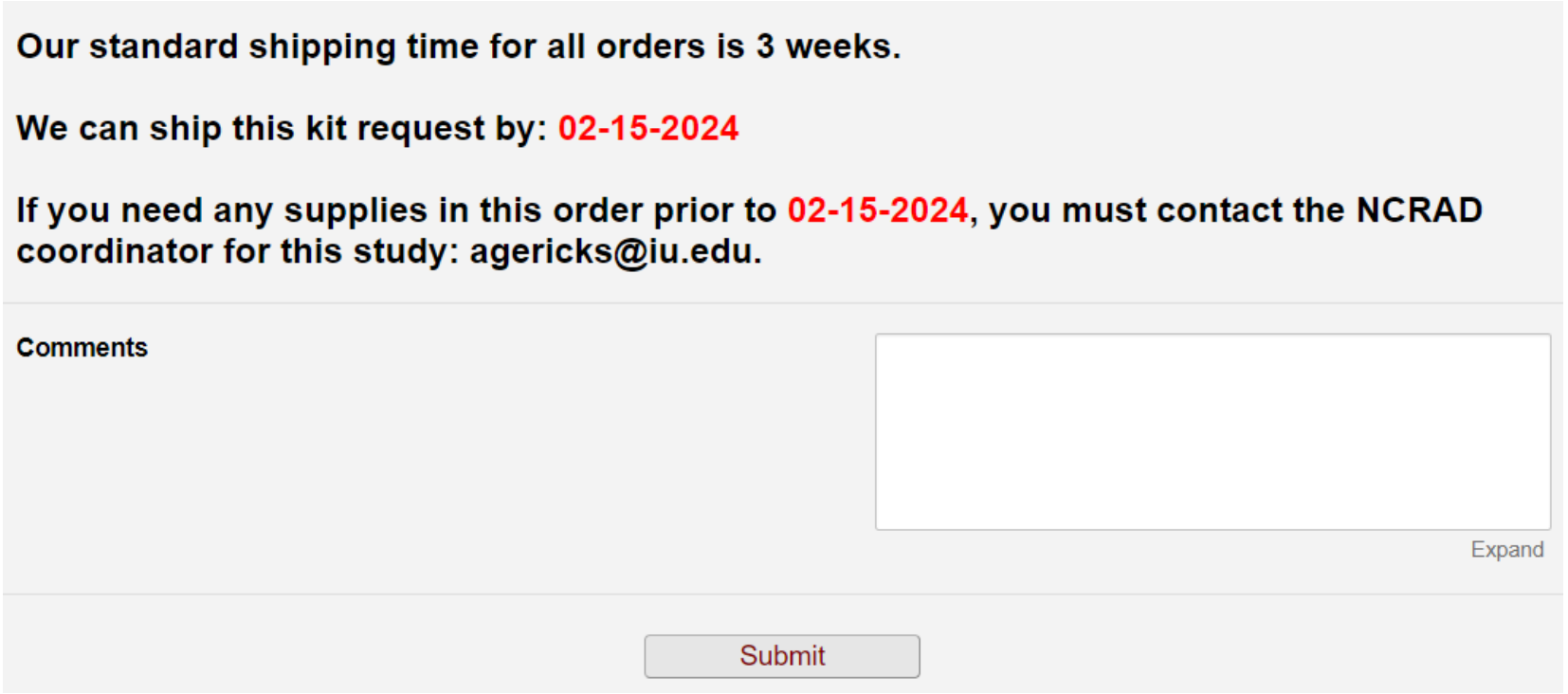
Warning label packet (fragile sticker, dry ice sticker and un3373 sticker)
(SH048, LB016, & LB008) (5 / 10) reset

Fine Point Sharpies (packs of 4)
(OS001 x 4) (1 / 5) reset

Shipping Pouches *(SH058)* (1 / 5) reset

Kit Request Module

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



Kit Request Module

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

Specimen Labels

Specimen Labels

- Label type summary:
  - Kit Number Labels
  - Sequence ID Labels
  - Collection and Aliquot Tube Labels
    - Differ by specimen type

- All labels are provided in the kits

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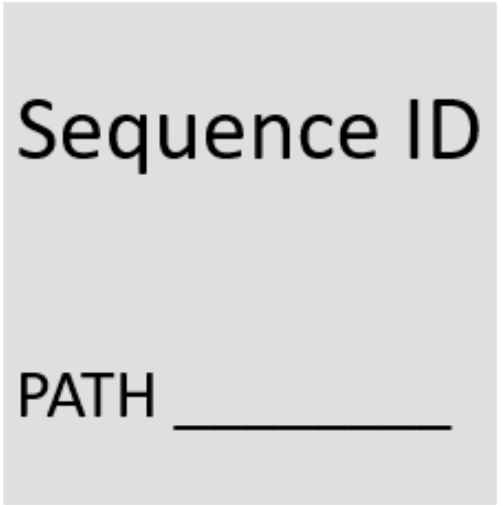
Specimen Labels: Kit Number Labels

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

Specimen Labels: Sequence ID Labels

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



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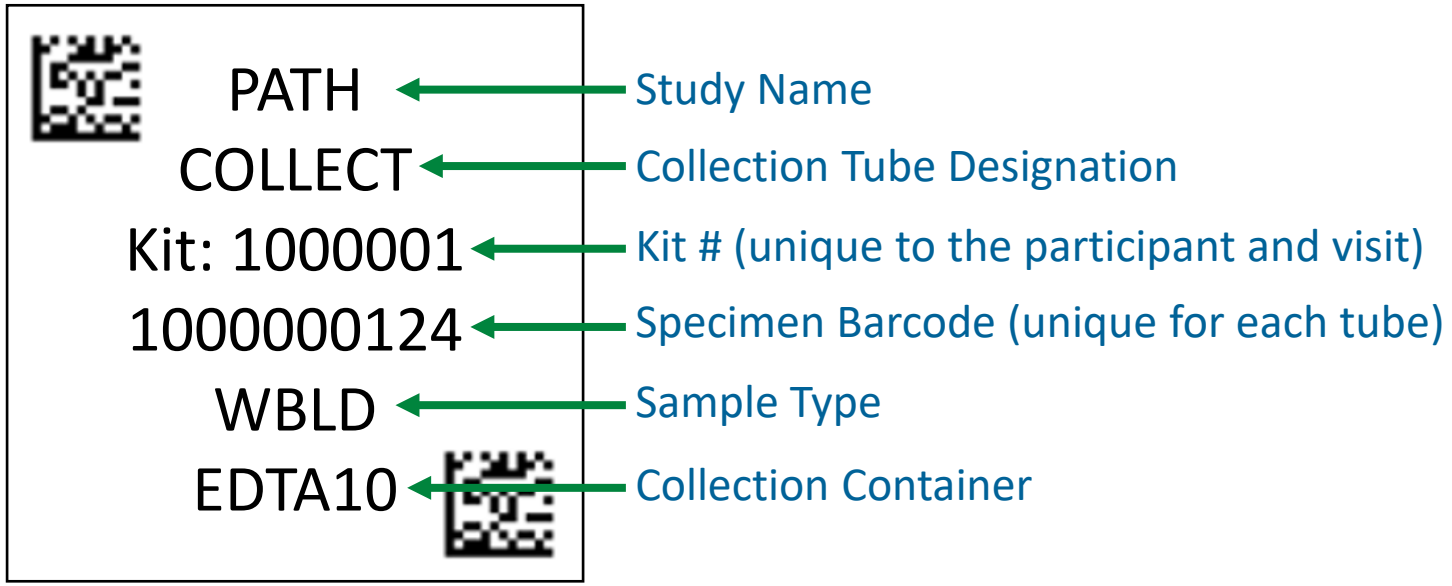
Specimen Labels: Collection Tube Labels



Labels to be placed on ALL collection tubes

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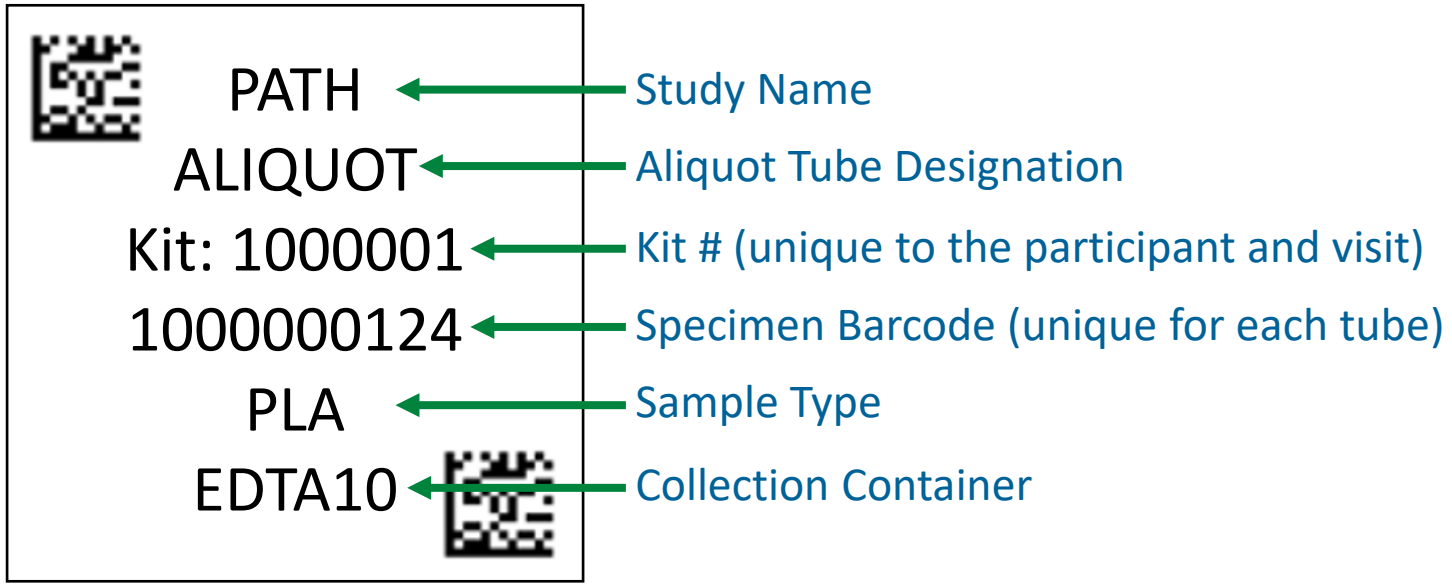
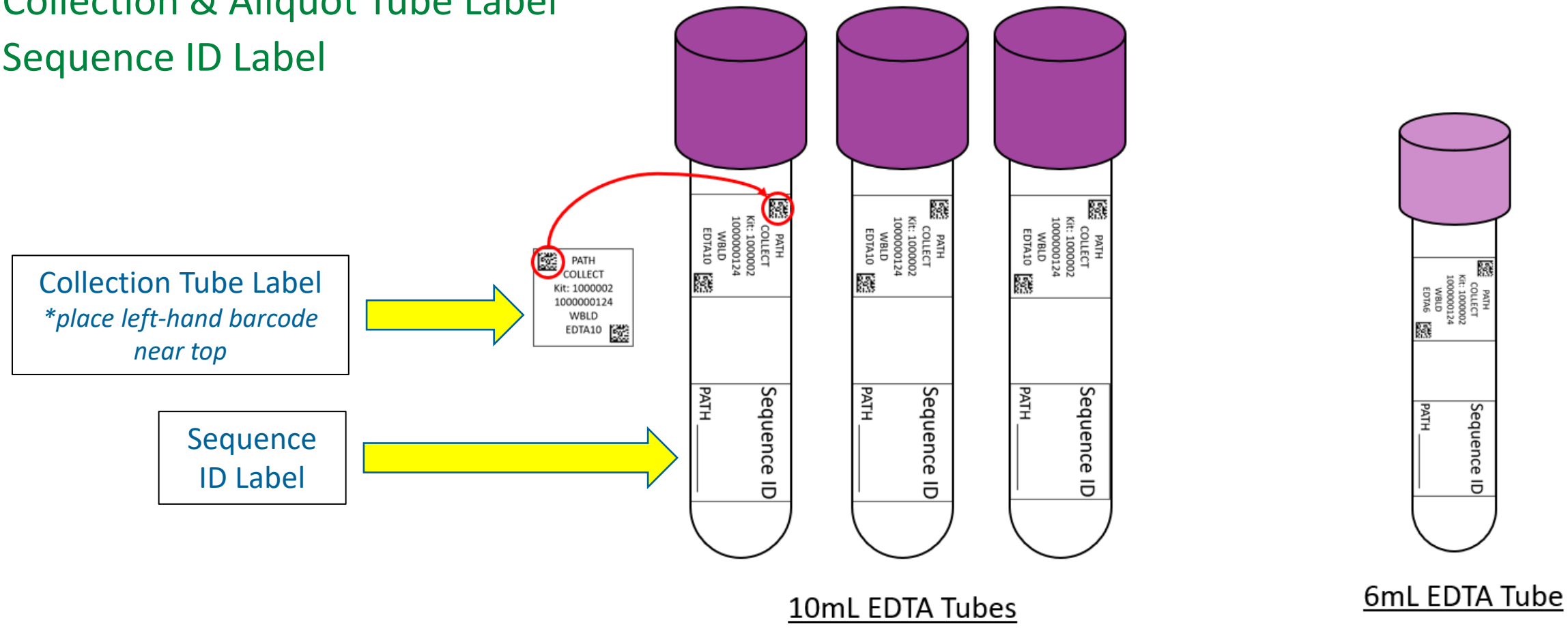
Specimen Labels: Aliquot Tube Labels



Labels to be placed on ALL aliquot tubes

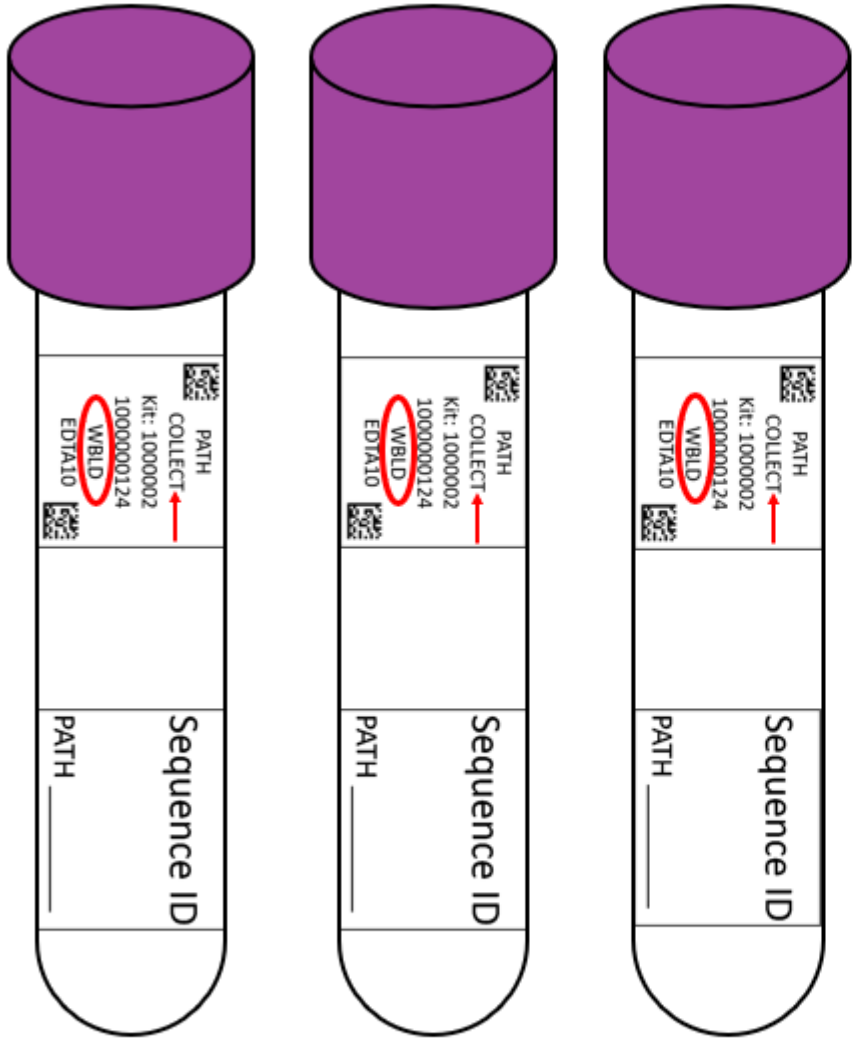
Specimen Labels: Blood Collection Tube

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

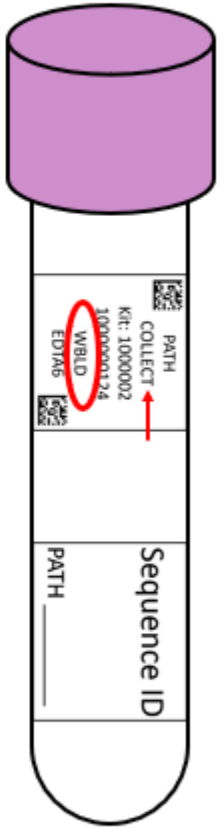


Specimen Labels: Blood Collection Tube

The 10mL and 6mL EDTA tubes should be labeled with the Collection Tube Labels that say “COLLECT” and “WBLD.”



10mL EDTA Tubes

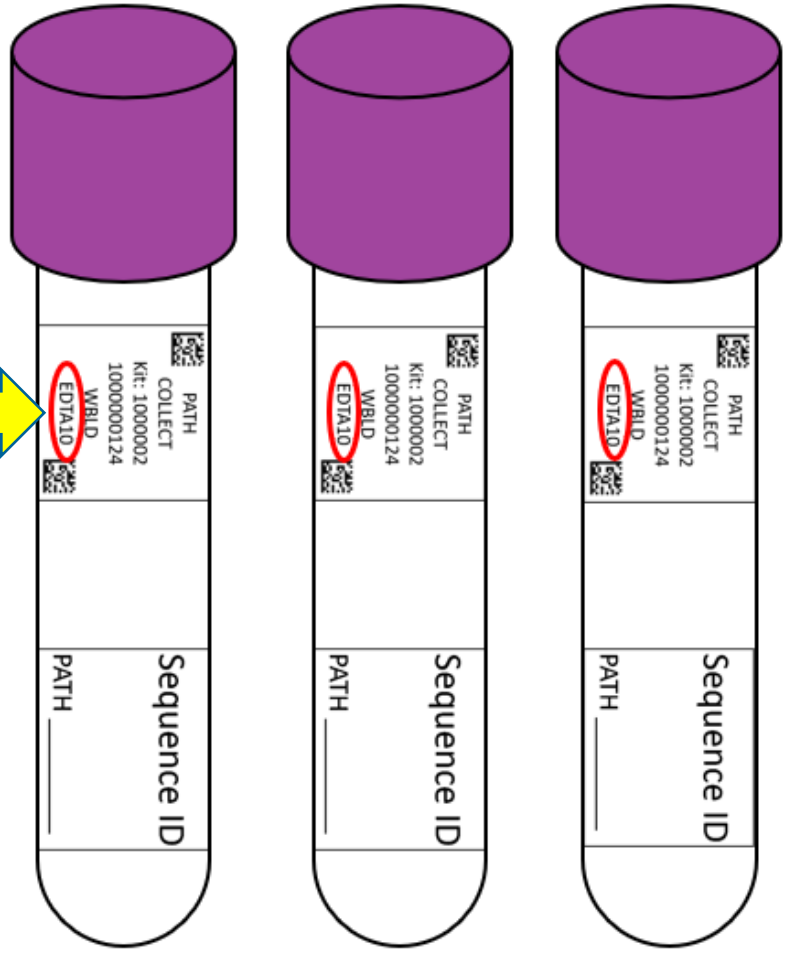


6mL EDTA Tube

Specimen Labels: Blood Collection Tube

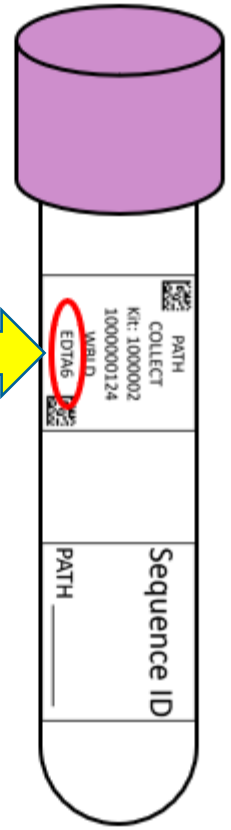
Collection Tube Label Diagram

The 10mL EDTA tube labels will have collection container = EDTA**10**



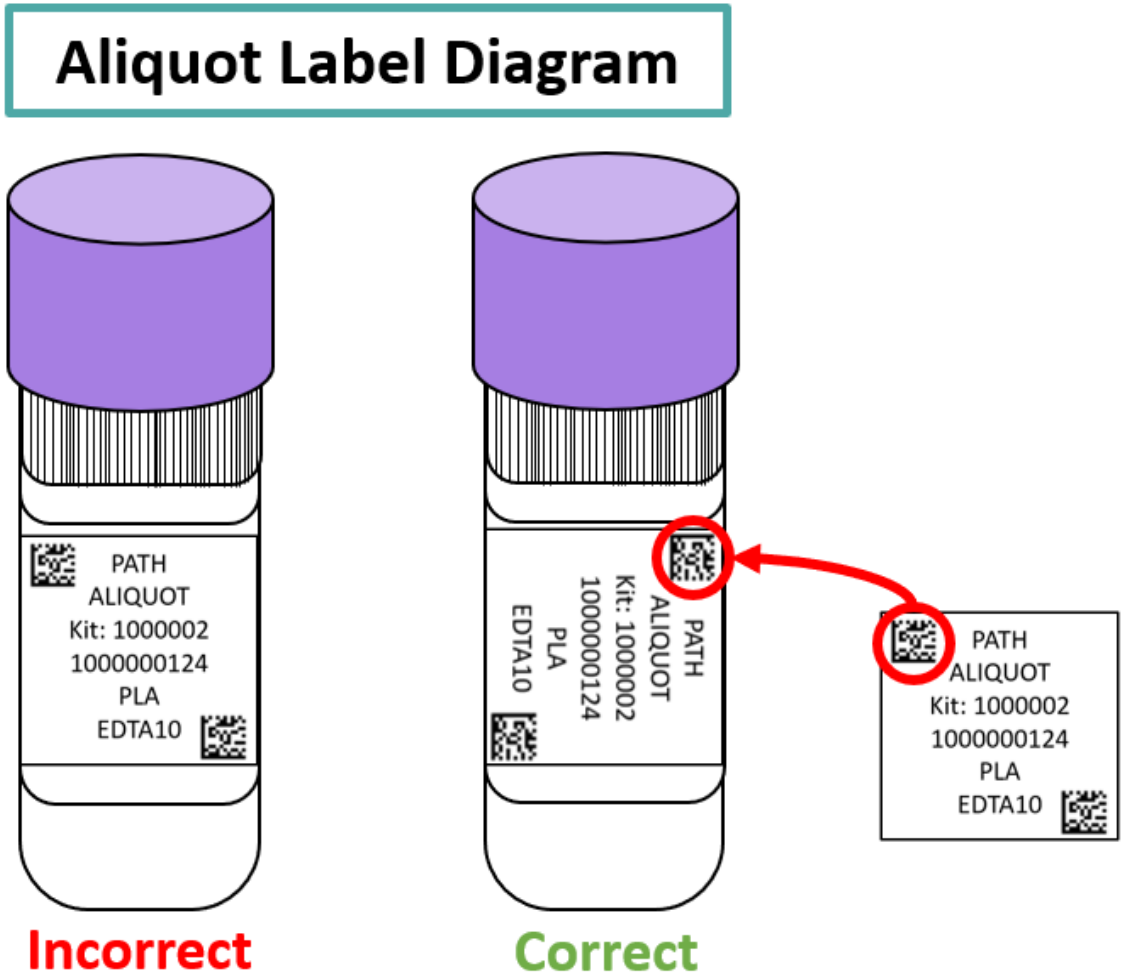
10mL EDTA Tubes

The 6mL EDTA tube labels will have collection container = EDTA**6**



6mL EDTA Tube

Specimen Labels: Plasma Aliquot Tubes



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

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Specimen Labels – Provided in Blood Kit

3 x Kit Number Labels

- Place one on the Sample Form.
- Place the other on the outside of the cryobox holding the samples
- There will also be one extra label

5 x Sequence ID Label

- Place on the 3 x 10mL EDTA purple-top blood collection tubes and the 1 x 6mL EDTA purple-top blood collection tube
- There will also be one extra label

3 x Collection and Aliquot Tube Label – WBLD EDTA10

- Place the 3 labels with specimen type WBLD and Collection Container EDTA10 on the 10mL EDTA purple-top blood collection tubes

10 x Collection and Aliquot Tube Label – PLA EDTA10

- Place these labels on the 9 on the purple-top cryovials and one blue-top cryovial

1 x Collection and Aliquot Tube Label – WBLD EDTA6

- Place the label with specimen type WBLD and Collection Container EDTA6 on the 6mL EDTA purple-top blood collection tube

Specimen Labels: Labeling Biologic Samples

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

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Handling/ Processing Study Specimens

Site Required Equipment

- Blood Collection/Safety Equipment:

1. Personal Protective Equipment (PPE)
   - Lab Coat, Safety Glasses
2. Tourniquet
3. Alcohol Prep Pad
4. Gauze Pad
5. Butterfly Needles
6. Bandage
7. Sharps Bin and Lid

- Processing/Storage Equipment:

1. Centrifuge capable of ≥2000 xg
2. -80^{o}C Freezer

- Shipping Equipment:

1. Dry ice pellets

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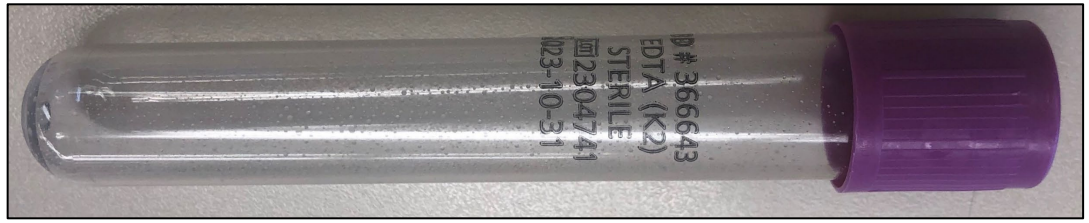
Blood Collection & Processing: Sample Collection Tube

3 x 10ml EDTA (Lavender-Top) Tube

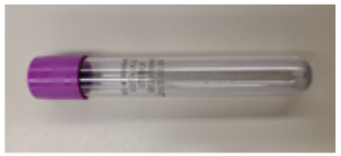


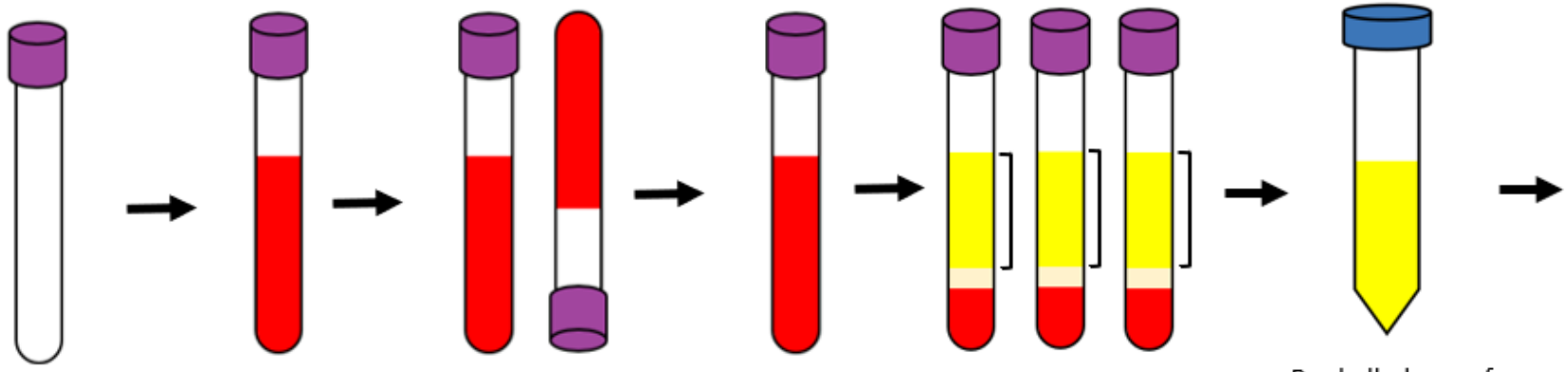
1 x 6ml EDTA (Lavender-Top) Tube

Blood Collection & Processing: Aliquot Cryovials & Cap Colors

Cap Color	Sample Type
Lavender Cap	Plasma
Blue Cap	Residual plasma

Plasma Preparation (10mL EDTA Tube x 3)





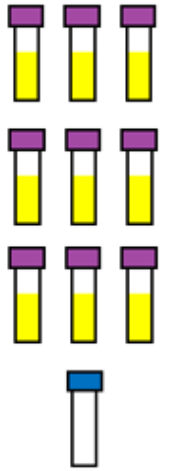
- Store tubes at room temp
- Each tube should be labeled with Collection Tube and PTID labels.

- Collect Blood into 3 EDTA tubes, allowing blood to flow for 10 seconds and ensuring blood flow has stopped.

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

- Centrifuge sample at 2000 x g for 10 minutes at room temperature (20°C).

- Pool all plasma from the 3 EDTTA tubes into a 50mL conical tube and invert gently 3 times to mix the plasma.



- Label purple-capped cryovials with “PLASMA” labels.
- Using a transfer pipette Aliquot 1.5 ml of plasma into each cryovial.
- If residual aliquot is created, use the blue-capped cryovial and a “PLASMA” label. Document specimen number and volume on Sample Form
- Store plasma aliquots upright at -80°C until shipment to NCRAD

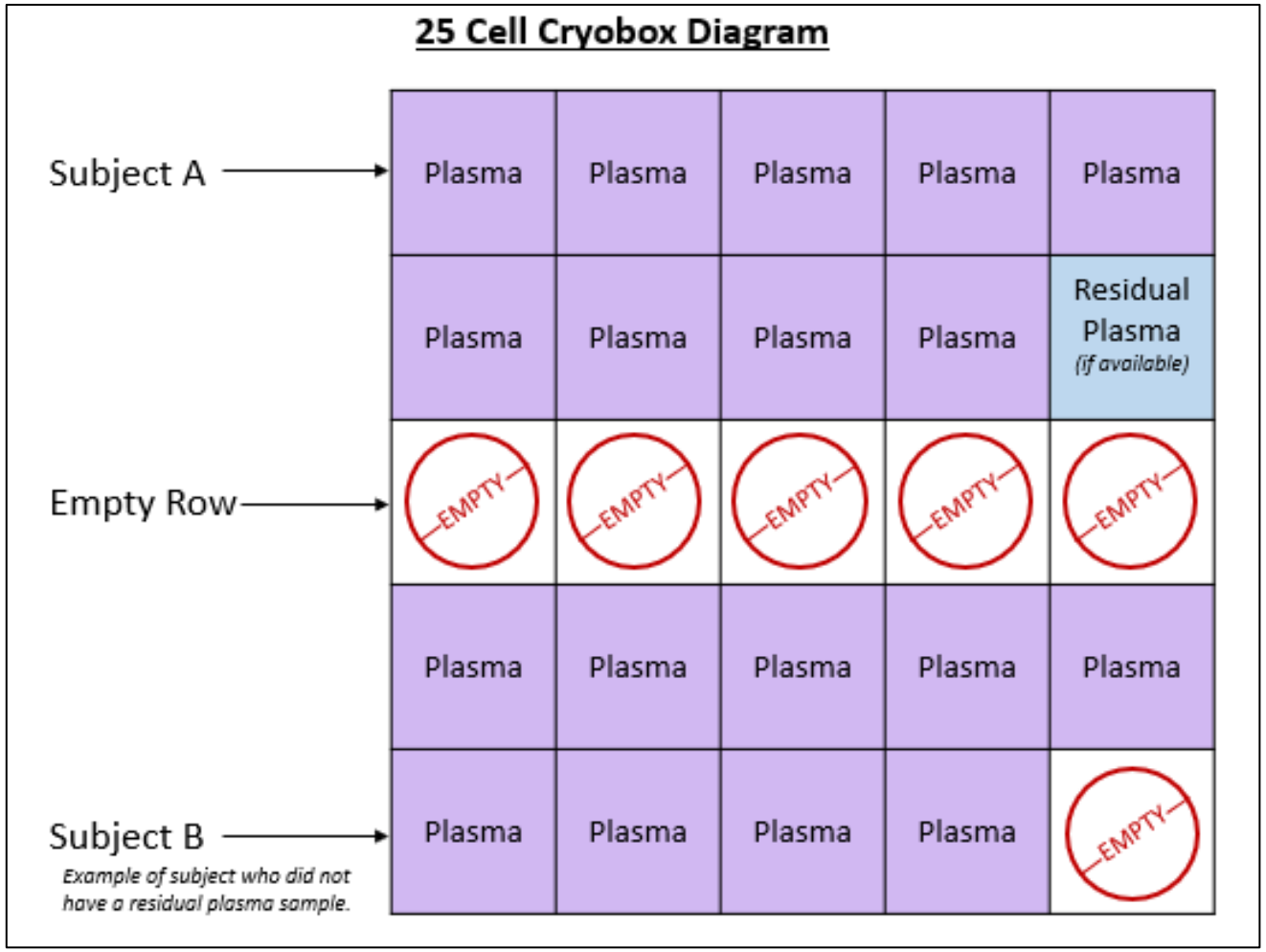
Ensure tubes are not expired prior to blood draw

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

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

Sample Packaging

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



Sample Packaging

Cryoboxes should contain samples from 2 participant visits.

a. Each participant visit will have up to 10 x Plasma Aliquots.
b. This means there should be no more than 20 samples per cryobox.

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

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

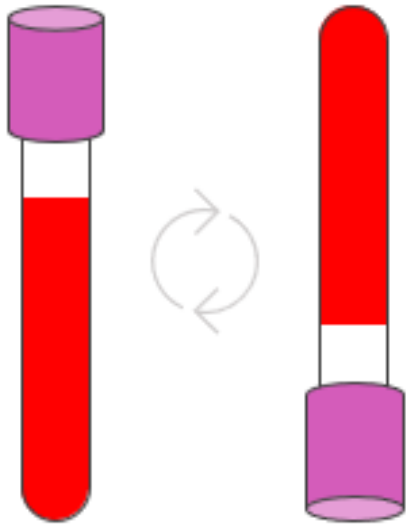
Step 1

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

Step 2

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

Step 3



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

Step 4

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

Ensure tubes are not expired prior to blood draw

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

Biological Sample and Shipment Notification Form

NCRAD

Biological Sample and Shipment Notification Form

- Blood Collection for:
  - Plasma
  - Whole Blood for DNA

- Please make sure this form is filled out completely by the person collecting the samples AND the person processing.

Participant Sequence ID: PATH ____ ____ ____ ____

Biological Sample and Shipment Notification Form

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

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

General Information:

Kit Barcode:

Coordinator Name:_____

Site Contact Phone: _____

Site Contact Email: _____

Date:_____

Study: ☐ AA ☐ AAL ☐ COV

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

Subject Sex: ☐ M ☐ F

Subject Year of Birth:_____

Tracking #:_____

Blood Collection:

1. Date Drawn (MM/DD/YYYY): _____
2. Time of Drawn (24 hour clock): _____ [HHMM]
3. Last time subject ate (MM/DD/YYYY): _____
4. Last time subject at (24 hour clock): _____ [HHMM]

Blood Processing:

Plasma (3 x 10mL EDTA Lavender Top Tubes)	
Original volume drawn (3x10 mL EDTA tubes): EDTA #1: _____ mL EDTA #2: _____mL EDTA #3: _____mL	
Time spin started (24 hour clock):	_____ [HHMM]
Duration of centrifuge:	_____minutes
Temp of centrifuge:	_____°C
Rate of centrifuge:	_____ xg
Time aliquoted:	_____ [HHMM]
Number of 1.5 mL plasma (purple-cap) aliquots created:	_____
If applicable, volume of residual plasma aliquot (less than 1.5 mL-Blue cap):	_____mL *or* ☐ N/A
If applicable, specimen number of residual plasma aliquot (Last four digits):	_____ *or* ☐ N/A
Time aliquots placed in freezer (24 hour clock):	_____ [HHMM]
Storage temperature of freezer:	_____°C

Whole Blood for DNA (1 x 6mL EDTA Lavender Top Tube)	
Original volume drawn (1x6 mL EDTA tube):	_____mL
Time tube placed in freezer (24 hour clock):	_____ [HHMM]
Storage temperature of freezer:	_____°C

Notes: _____

Version 8.2024

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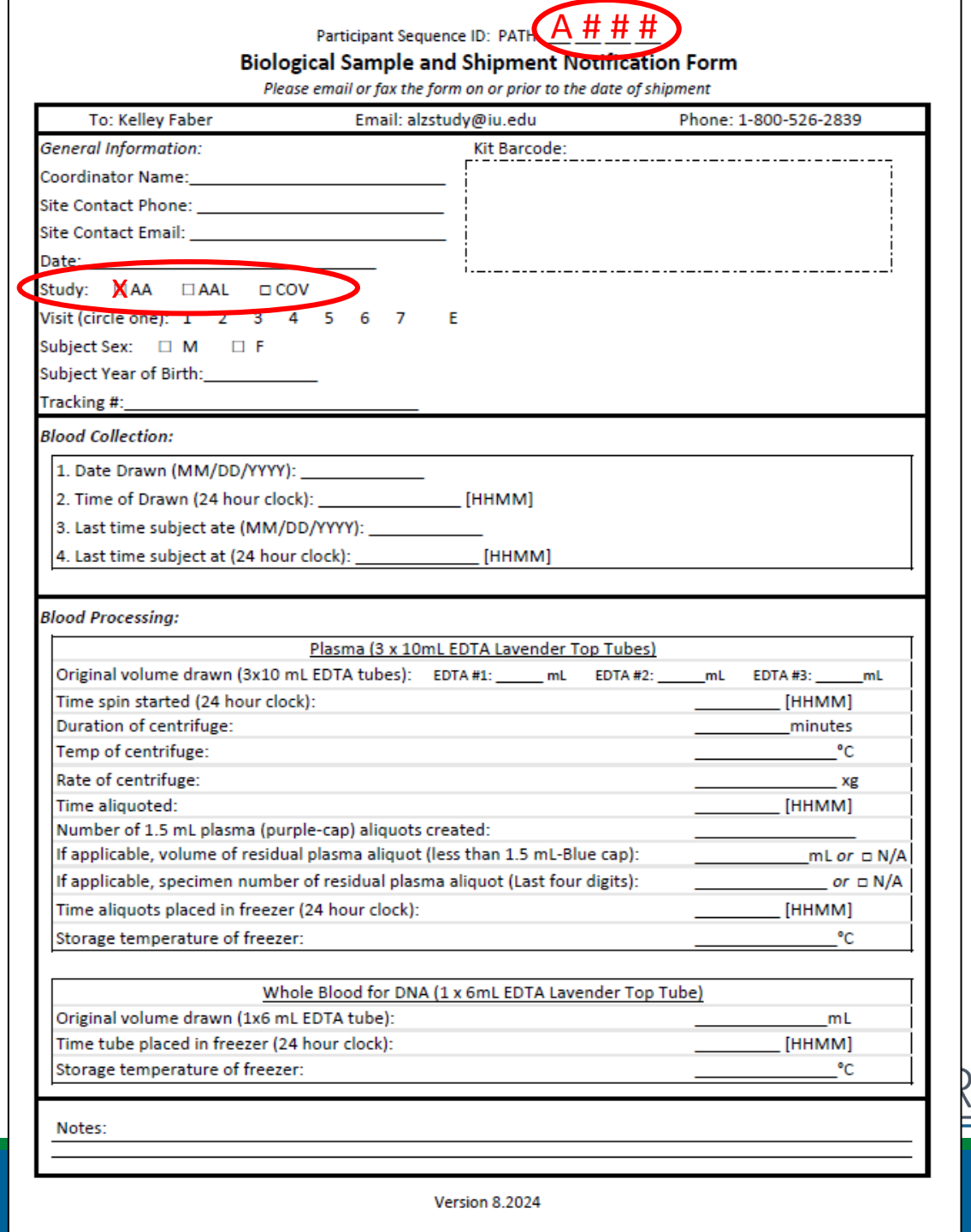
Biological Sample and Shipment Notification Form

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



Participant Sequence ID: PATH A # # #

Biological Sample and Shipment Notification Form

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

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

General Information:

Kit Barcode:

Coordinator Name:_____

Site Contact Phone: _____

Site Contact Email: _____

Date: _____

Study: X AA ☐ AAL ☐ COV

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

Subject Sex: ☐ M ☐ F

Subject Year of Birth:_____

Tracking #:_____

Blood Collection:

1. Date Drawn (MM/DD/YYYY): _____
2. Time of Drawn (24 hour clock): _____ [HHMM]
3. Last time subject ate (MM/DD/YYYY): _____
4. Last time subject at (24 hour clock): _____ [HHMM]

Blood Processing:

Plasma (3 x 10mL EDTA Lavender Top Tubes)	
Original volume drawn (3x10 mL EDTA tubes): EDTA #1: _____ mL EDTA #2: _____mL EDTA #3: _____mL	
Time spin started (24 hour clock):	_____ [HHMM]
Duration of centrifuge:	_____minutes
Temp of centrifuge:	_____°C
Rate of centrifuge:	_____ xg
Time aliquoted:	_____ [HHMM]
Number of 1.5 mL plasma (purple-cap) aliquots created:	_____
If applicable, volume of residual plasma aliquot (less than 1.5 mL-Blue cap):	_____mL *or* ☐ N/A
If applicable, specimen number of residual plasma aliquot (Last four digits):	_____ *or* ☐ N/A
Time aliquots placed in freezer (24 hour clock):	_____ [HHMM]
Storage temperature of freezer:	_____°C

Whole Blood for DNA (1 x 6mL EDTA Lavender Top Tube)	
Original volume drawn (1x6 mL EDTA tube):	_____mL
Time tube placed in freezer (24 hour clock):	_____ [HHMM]
Storage temperature of freezer:	_____°C

Notes: _____

Version 8.2024

Biological Sample and Shipment Notification Form

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

Participant Sequence ID: PATH L # # #

Biological Sample and Shipment Notification Form

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

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

General Information:

Kit Barcode:

Coordinator Name:_____

Site Contact Phone: _____

Site Contact Email: _____

Date: _____

Study: ☐ AA ☒ AAL ☐ COV

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

Subject Sex: ☐ M ☐ F

Subject Year of Birth:_____

Tracking #:_____

Blood Collection:

1. Date Drawn (MM/DD/YYYY): _____
2. Time of Drawn (24 hour clock): _____ [HHMM]
3. Last time subject ate (MM/DD/YYYY): _____
4. Last time subject at (24 hour clock): _____ [HHMM]

Blood Processing:

Plasma (3 x 10mL EDTA Lavender Top Tubes)	
Original volume drawn (3x10 mL EDTA tubes): EDTA #1: _____ mL EDTA #2: _____mL EDTA #3: _____mL	
Time spin started (24 hour clock):	_____ [HHMM]
Duration of centrifuge:	_____minutes
Temp of centrifuge:	_____°C
Rate of centrifuge:	_____ xg
Time aliquoted:	_____ [HHMM]
Number of 1.5 mL plasma (purple-cap) aliquots created:	_____
If applicable, volume of residual plasma aliquot (less than 1.5 mL-Blue cap):	_____mL *or* ☐ N/A
If applicable, specimen number of residual plasma aliquot (Last four digits):	_____ *or* ☐ N/A
Time aliquots placed in freezer (24 hour clock):	_____ [HHMM]
Storage temperature of freezer:	_____°C

Whole Blood for DNA (1 x 6mL EDTA Lavender Top Tube)	
Original volume drawn (1x6 mL EDTA tube):	_____mL
Time tube placed in freezer (24 hour clock):	_____ [HHMM]
Storage temperature of freezer:	_____°C

Notes: _____

Version 8.2024

Biological Sample and Shipment Notification Form

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

Participant Sequence ID: PATH C # # #

Biological Sample and Shipment Notification Form

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

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

General Information:

Kit Barcode:

Coordinator Name:_____

Site Contact Phone: _____

Site Contact Email: _____

Date: _____

Study: ☐ AA ☐ AAL ☒ COV

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

Subject Sex: ☐ M ☐ F

Subject Year of Birth:_____

Tracking #:_____

Blood Collection:

1. Date Drawn (MM/DD/YYYY): _____
2. Time of Drawn (24 hour clock): _____ [HHMM]
3. Last time subject ate (MM/DD/YYYY): _____
4. Last time subject at (24 hour clock): _____ [HHMM]

Blood Processing:

Plasma (3 x 10mL EDTA Lavender Top Tubes)	
Original volume drawn (3x10 mL EDTA tubes): EDTA #1: _____ mL EDTA #2: _____mL EDTA #3: _____mL	
Time spin started (24 hour clock):	_____ [HHMM]
Duration of centrifuge:	_____minutes
Temp of centrifuge:	_____°C
Rate of centrifuge:	_____ xg
Time aliquoted:	_____ [HHMM]
Number of 1.5 mL plasma (purple-cap) aliquots created:	_____
If applicable, volume of residual plasma aliquot (less than 1.5 mL-Blue cap):	_____mL *or* ☐ N/A
If applicable, specimen number of residual plasma aliquot (Last four digits):	_____ *or* ☐ N/A
Time aliquots placed in freezer (24 hour clock):	_____ [HHMM]
Storage temperature of freezer:	_____°C

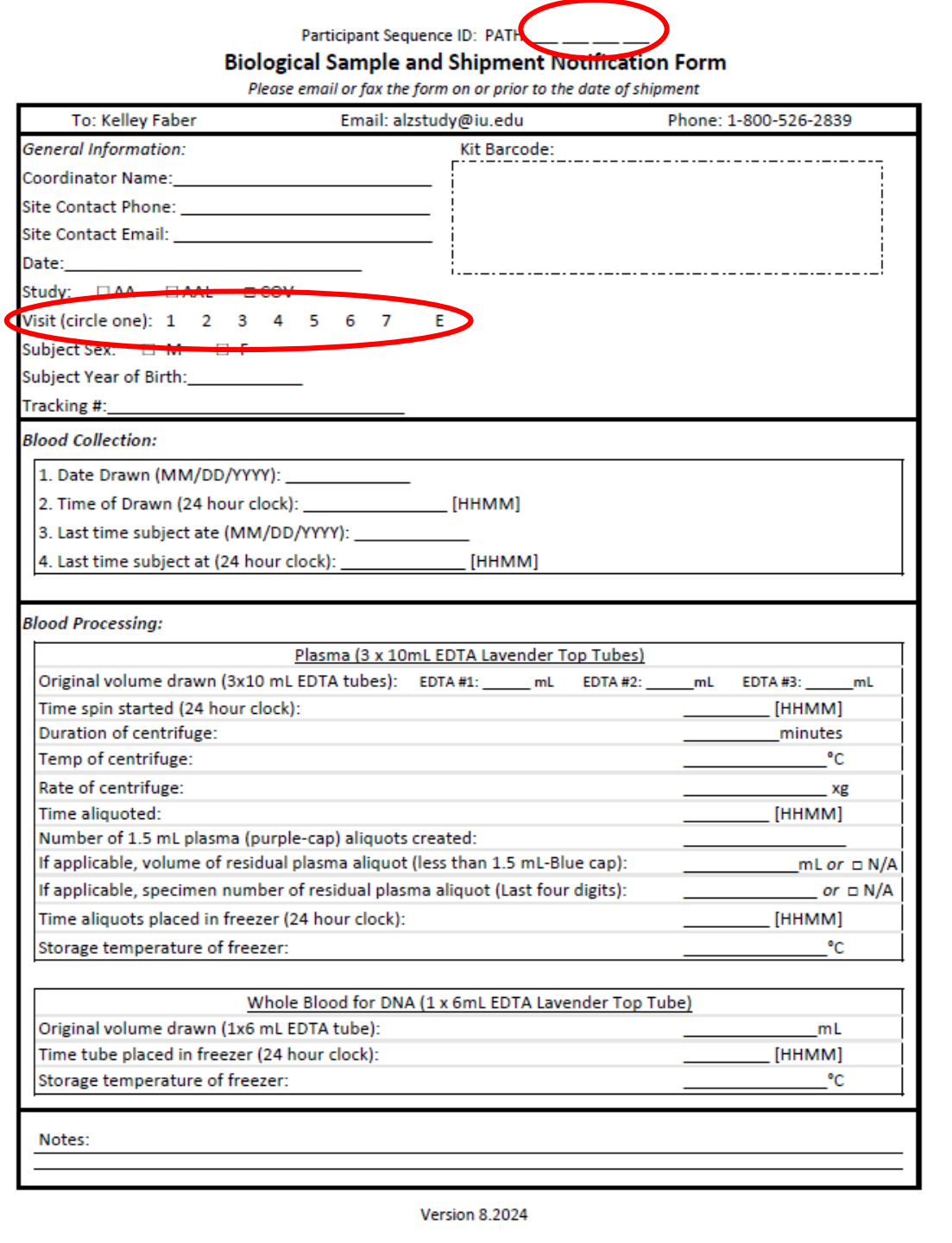
Whole Blood for DNA (1 x 6mL EDTA Lavender Top Tube)	
Original volume drawn (1x6 mL EDTA tube):	_____mL
Time tube placed in freezer (24 hour clock):	_____ [HHMM]
Storage temperature of freezer:	_____°C

Notes: _____

Version 8.2024

Biological Sample and Shipment Notification Form

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



Participant Sequence ID: PATH_____

Biological Sample and Shipment Notification Form

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

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

General Information:

Kit Barcode:

Coordinator Name:_____

Site Contact Phone: _____

Site Contact Email: _____

Date:_____

Study: ☐ AA ☐ AAL ☐ COV

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

Subject Sex: ☐ M ☐ F

Subject Year of Birth:_____

Tracking #:_____

Blood Collection:

1. Date Drawn (MM/DD/YYYY): _____
2. Time of Drawn (24 hour clock): _____ [HHMM]
3. Last time subject ate (MM/DD/YYYY): _____
4. Last time subject at (24 hour clock): _____ [HHMM]

Blood Processing:

Plasma (3 x 10mL EDTA Lavender Top Tubes)	
Original volume drawn (3x10 mL EDTA tubes): EDTA #1: _____ mL EDTA #2: _____mL EDTA #3: _____mL	
Time spin started (24 hour clock):	_____ [HHMM]
Duration of centrifuge:	_____minutes
Temp of centrifuge:	_____°C
Rate of centrifuge:	_____ xg
Time aliquoted:	_____ [HHMM]
Number of 1.5 mL plasma (purple-cap) aliquots created:	_____
If applicable, volume of residual plasma aliquot (less than 1.5 mL-Blue cap):	_____mL *or* ☐ N/A
If applicable, specimen number of residual plasma aliquot (Last four digits):	_____ *or* ☐ N/A
Time aliquots placed in freezer (24 hour clock):	_____ [HHMM]
Storage temperature of freezer:	_____°C

Whole Blood for DNA (1 x 6mL EDTA Lavender Top Tube)	
Original volume drawn (1x6 mL EDTA tube):	_____mL
Time tube placed in freezer (24 hour clock):	_____ [HHMM]
Storage temperature of freezer:	_____°C

Notes:

Version 8.2024

Biological Sample and Shipment Notification Forms

- A scanned copy of the sample form *must* be emailed to NCRAD prior to the date of sample arrival: alzstudy@iu.edu

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

NCRAD

Sample Shipping

Frozen Shipping: Guidelines

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

NCRAD

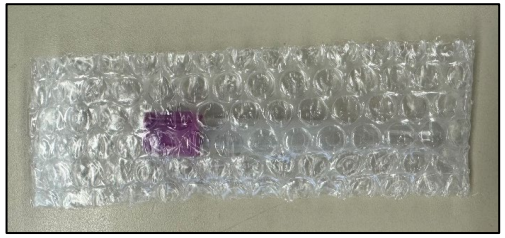
Sample Shipping Summary

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

NCRAD

Frozen Shipping

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



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

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

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

NCRAD

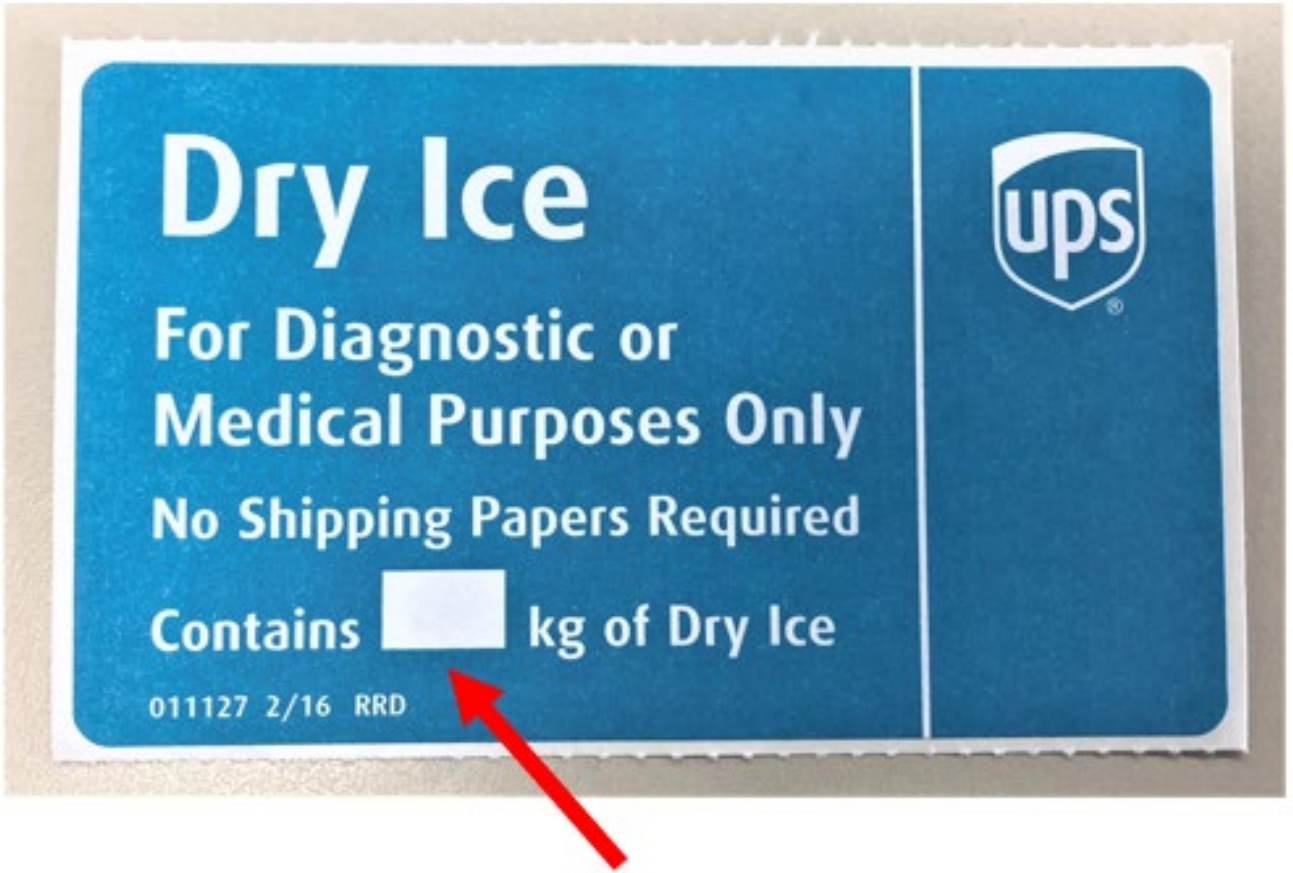
Shipping Dry Ice Requirements

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

NCRAD

Shipping: Dry Ice Requirements

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



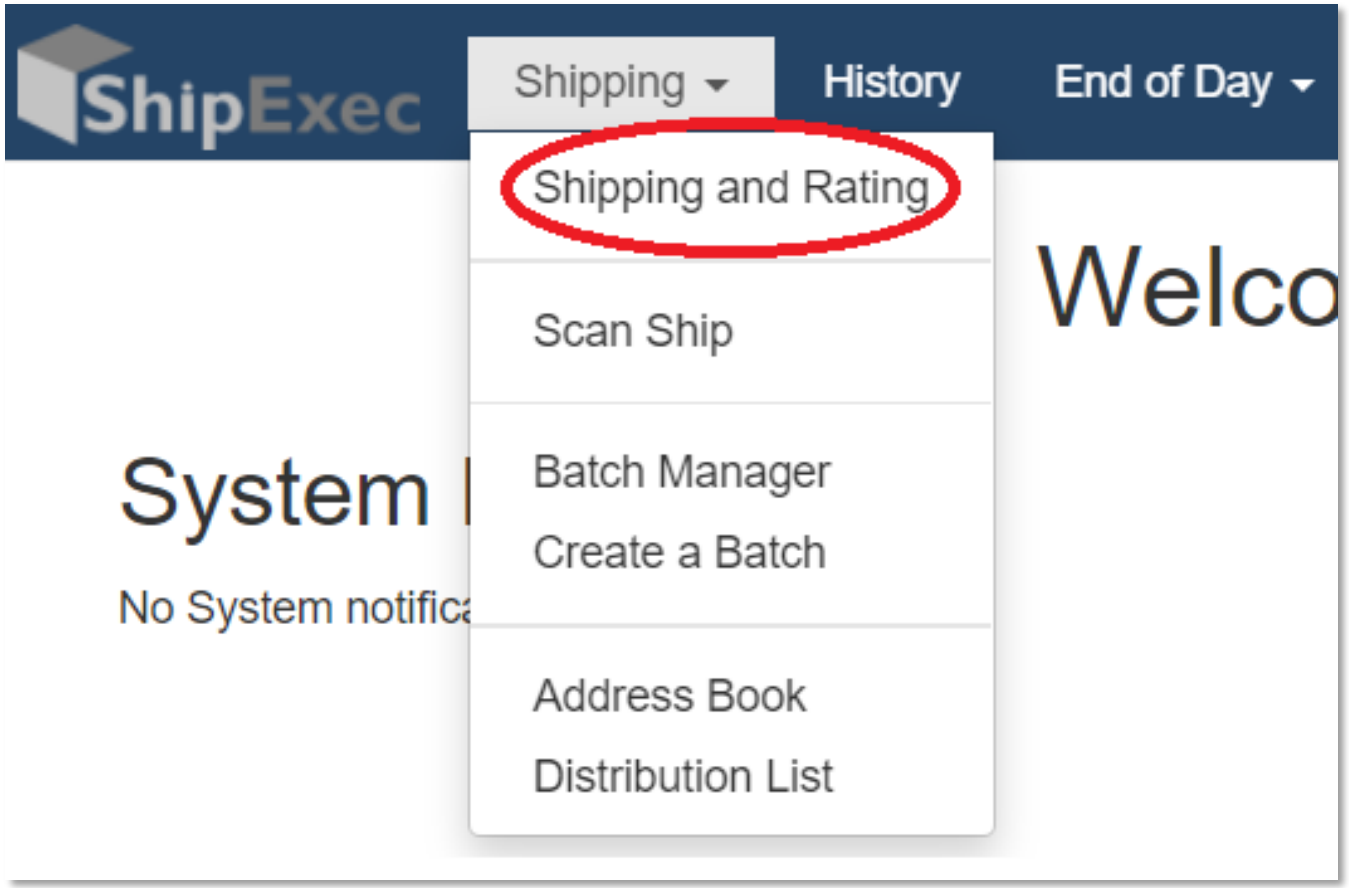
Shipping Frozen Samples

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

Shipping Frozen Samples

- Log in to ShipExec™ Thin Client: https://kits.iu.edu/ups

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



Shipping Frozen Samples

- Select your study from the “Study Group” drop down on the right side of the main screen (PATH). Choosing your study will automatically filter the address book to only addresses within this study.

- Click on the magnifying glass icon in the “Ship From” section to search for your shipping address.

NCRAD

Shipping Frozen Samples

- Enter Package Information
  - Enter the total weight of your package
  - Enter the pelleted dry ice weight

- Click **Ship** in the bottom right of the page when complete.

- Click the blue **Pickup Request** button to schedule a UPS pickup. Enter the earliest pickup time and latest pickup time in 24-hr format.

- Click **Save**.

NCRAD

Shipping Frozen Samples

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

Shipping Regulations and Training

PLEASE NOTE:

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

Please see following slides for resources.

NCRAD

Federal Regulations/Training

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

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

NCRAD

UN3373 Biological Substance, Category B Training

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

NCRAD

NCRAD Website

Helpful Pages:

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

HOLIDAY CLOSURES

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

NCRAD Website: PATH Active Study Page

THE PATHWAYS ACTIVE STUDY PAGE

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

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

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

NCRAD

Contact Information

- Questions?

  Please contact NCRAD Coordinators at:

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

NCRAD