



Cerebral Autosomal Dominant Arteriopathy with Sub-cortical Infarcts and Leukoencephalopathy Study

COLLECTION AND SHIPMENT TRAINING

Version 1.2

NCRAD



National Centralized Repository for
Alzheimer's Disease and Related Dementias

Training Overview

- Contact Information
- Collection Schedule
- Kit Request Module
 - Specimen Labels
- Handling/Processing Study Specimens
- Incomplete or Difficult Blood Draws and Redraws
 - Packaging Sample Shipments
 - Sample Form
 - NCRAD Website
 - Common Nonconformance Issues
 - Questions?

NCRAD Contact Information

Questions?

Zoë McManus, BA, CCRP, Study Coordinator

Phone: (317) 278-9086

Email: zdpotter@iu.edu

General NCRAD Contact Information

Phone: 1-800-526-2839

Alt. Phone: (317)-278-8413

Email: alzstudy@iu.edu

Website: www.ncrad.org

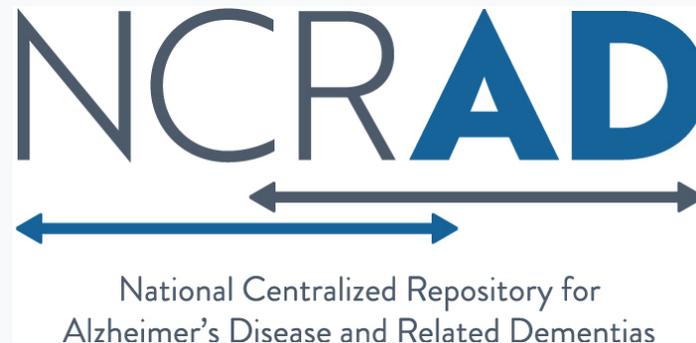
CADASIL Study Specific Webpage: [NCRAD - CADASIL Active Study Page](#)

CADASIL Blood-Based Collection Schedule

	Visit 1 (Baseline)	Visit 2 (18 month)	Visit 3 (36 month)
Plasma	X	X	X
Buffy Coat	X	X	X
RNA	X	X	X
Serum	X	X	X

Kit Request Module

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



CADASIL Kit Request Module

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

NCRAD

CADASIL 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

CADASIL Site:

* must provide value

296 - USA: University of Wisconsin

ATTN: Abigail Key
Address:
UW School of Medicine and Public Health
Dept. of Neurology, Rm 7220
1685 Highland Ave
Madison, WI 53705-2281

Phone: (608)263-4120
Email: key@neurology.wisc.edu
Email: spring@neurology.wisc.edu
Email: bruehl@neurology.wisc.edu

Is the contact name above correct? Yes No [reset](#)

* must provide value

Is the shipping address above correct? Yes No [reset](#)

* must provide value

Is the e-mail address above correct? Yes No [reset](#)

* must provide value

- 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.

CADASIL Kit Request Module

CADASIL Participant Blood Supply Kit Qty

CADASIL Blood Supplemental Supply Kit Qty

CADASIL Frozen Blood Shipping Kit Qty

Do you need Extra Supplies? Yes No reset

* must provide value

Our standard shipping time for all orders is 3 weeks.

We can ship this kit request by: **05-21-2025**

If you need any supplies in this order prior to **05-21-2025**, you must contact the NCRAD coordinator for this study: zdpotter@iu.edu.

Comments

Expand

Each CADASIL Participant Blood Supply Kit Contains (10804):

2: PAXgene™ Blood Collection Tube (2.5 ml) - CT004
1: SST (Tiger-Top) Blood Collection Tubes (8.5 mL) - CT051
4: EDTA (Lavender-Top) Blood Collection Tube (10 ml) - CT001
8: 0.75 mL Micronics Tube - RED ("Serum" Etched on Tube) - CV059
1: 2 mL Micronics Tube - RED - CV040
8: 0.75 mL Micronics Tube - PURPLE ("Plasma" Etched on Tube) - CV061
12: 2 mL Micronics Tube - PURPLE - CV042
4: 2 mL Micronics Tube - GRAY - CV043
2: 2 mL Micronics Tube - BLUE - CV041
6: Disposable pipette (3 mL) - CV015
1: Conical tube (50 mL) unwrapped - CV019
1: Micronic 48 Rack with high cover (2mL cryovials) - CV051
1: Micronic 96 Rack with high cover (0.75 mL cryovials) - CV062
1: Resealable small poly bag (4" x 8") - ST010
1: Resealable bag - ST002
2: Resealable bubble tube pouch (on roll) - SH032

Labels:

13: Plasma Cryovial Labels - LB014
4: Buffy Coat Cryovial Labels - LB014
2: Serum Cryovial Labels - LB014
2: RNA Collection Tube Labels - LB003
4: Plasma Collection Tube Labels - LB003
1: Serum Collection Tube Labels - LB003
8: Site and CADASIL ID Labels - LB003
6: Kit Number Labels - LB003

x 8 SITE ID:

x 6 KIT NUMBER:

- 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.
- We will return requests within 3 weeks from the order date.
 - If you need any supplies expedited, please contact the NCRAD Coordinator via email.
- Click “Submit” to turn in your request.
- **Note: You can order more than one type of kit in a single kit request**

CADASIL Kit List

- CADASIL Participant Blood Supply Kit
- CADASIL Blood Supplemental Supply Kit
- CADASIL Frozen Blood Shipping Kit

- Each individual site will be responsible for ordering and maintaining a steady supply of kits from NCRAD. We advise sites to keep a supply of each kit type available for scheduled participants.
- Be sure to check your supplies and order additional materials before you run out or supplies expire so you are prepared for study visits.
- Allow a minimum of **3 weeks** for your order to be processed and delivered.
- 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.

Specimen Labels

Provided by NCRAD



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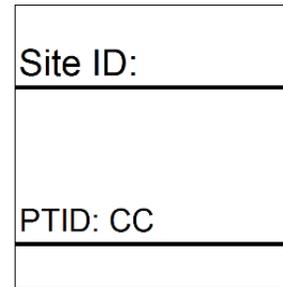
Four Label Types



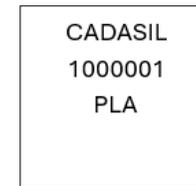
Kit Number
Labels



Collection Tube
Labels



Site and CADASIL
ID Labels



Cryovial Tube
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 Form (Appendix B).
 2. Lid of cryobox that houses aliquot tubes during storage and shipment.
 3. One extra label provided



Appendix B: Biological Sample and Shipment Notification Form

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

UPS tracking #: **1Z976R8W** Date: _____

From: _____ Phone: _____ Email: _____

Study: CADASIL Site ID: _____ CADASIL IND#: **CC**

Sex: M F Year of Birth: _____

Visit: Baseline 18 Month 36 Month

KIT NUMBER

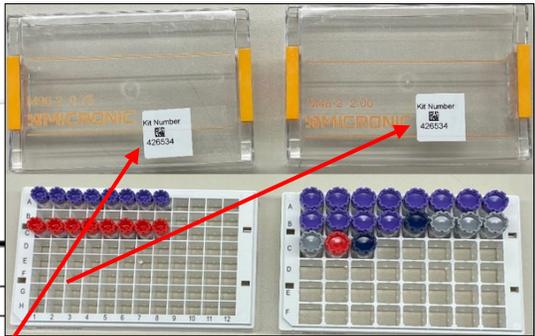
 1000001

BARCODE

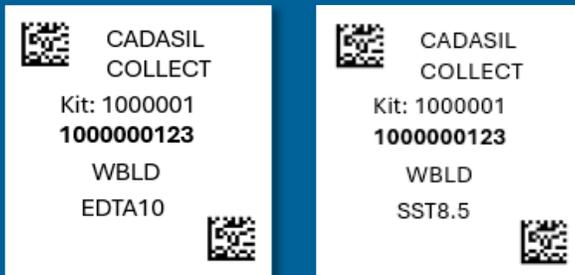
Blood Collection:

Date of Draw:	[MMDDYY]	Time of Draw:	[HHMM]
Date subject last ate:	[MMDDYY]	Time subject last ate:	[HHMM]

RNA (PAXgene™ Tubes)			
#1	Specimen Number (Last four digits): _____	Original volume drawn: _____ ml	Time PAXgene™ tubes placed in freezer: _____ [HHMM]
#2	Specimen Number (Last four digits): _____	Original volume drawn: _____ ml	



Collection Tube Labels



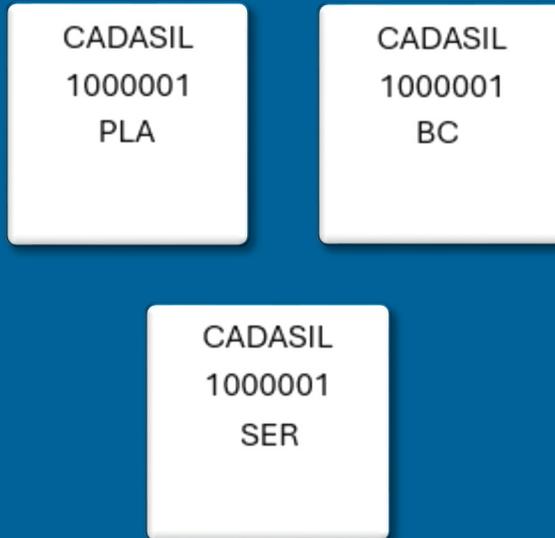
- Collection Tube labels have 6 components:
 - Study name
 - COLLECT – Indicates the label is for the collection tube
 - Kit number (assigned by NCRAD)
 - Unique to participant AND visit
 - 10-digit specimen number (assigned by NCRAD)
 - Specimen type = WBLD
 - Collection tube type
- Will be placed on the following locations :
 - All Collection Tubes
 - 4 x EDTA (Lavender-Top) Blood Collection Tube (10 mL)
 - 2 x PAXgene™ Blood Collection Tube (2.5 mL)
 - 1 x SST (Tiger-Top) Blood Collection Tube (8.5 mL)

Site and CADASIL ID Labels

Site ID:
PTID: CC

- Subjects will be identified by their Site and PTID
- Sites will be responsible for handwriting this onto the provided labels
 - Must use fine point permanent marker
 - Write information on label prior to adhering to tube
- Will be placed on the following locations :
 - 4 x EDTA (Lavender-Top) Blood Collection Tube (10 mL)
 - 2 x PAXgene™ Blood Collection Tube (2.5 mL)
 - 1 x SST (Tiger-Top) Blood Collection Tube (8.5 mL)

Cryovial Tube Labels



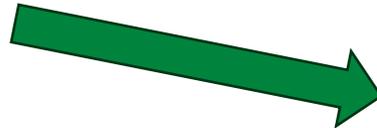
- Only one label to be placed on each 2.0 mL cryovial
 - **Plasma**
 - From EDTA tube
 - **Buffy Coat**
 - From EDTA tube
 - **Serum**
 - From SST tube

Important: Do not cover barcode that is pre-etched on cryovial.

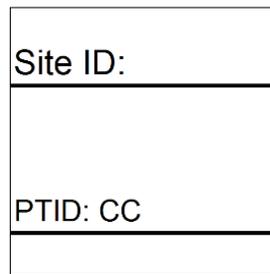


Blood Collection Tube Labels:

Label 1: Collection Tube Label



Label 2: Site and CADASIL ID Label



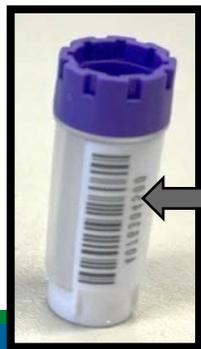
EDTA (Lavender-
Top) Blood
Collection Tube
(10 mL) x 4

PAXgene™
Blood
Collection Tube
(2.5 mL) x 2

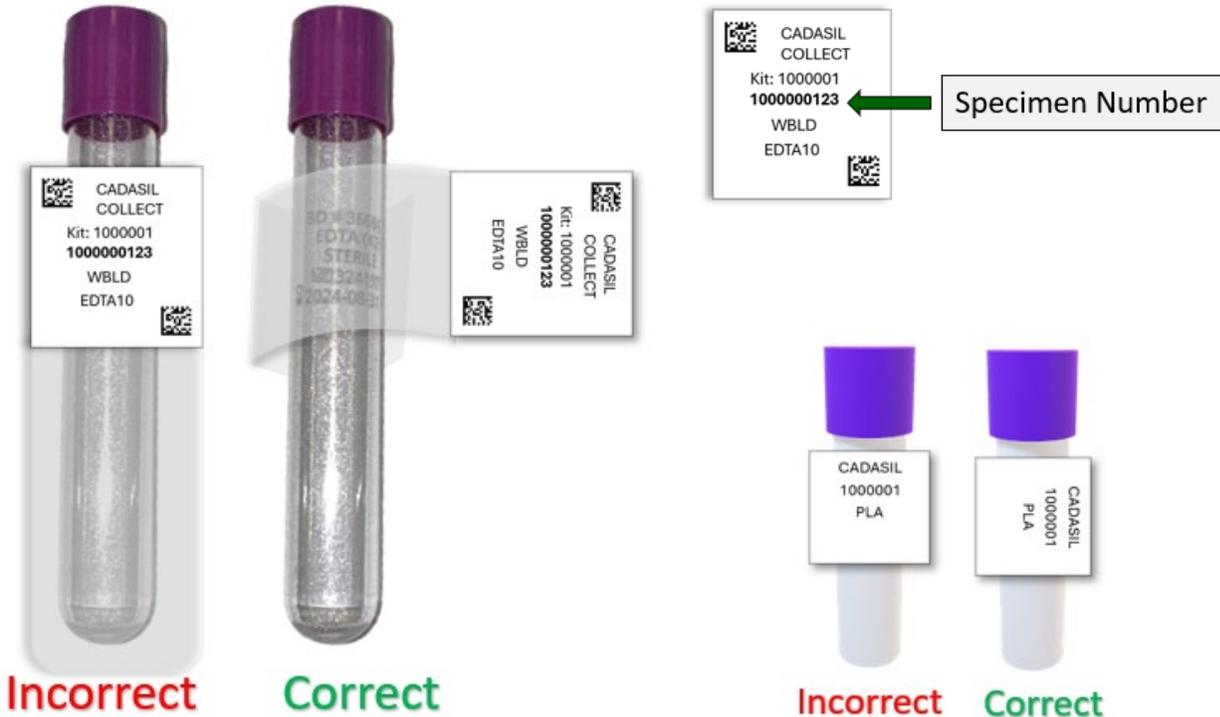
SST
(Tiger-Top) Blood
Collection Tubes
(8.5 mL) x 1

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



DO NOT cover pre-etched specimen numbers/barcodes on the cryovials!



Handling/Processing Study Specimens



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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 and hub
- 7) Microcentrifuge tube rack
- 8) Sharps bin and lid

PROCESSING/STORAGE EQUIPMENT

- 1) Centrifuge capable of $\geq 2000 \times g$ at room temperature
- 2) -80°C Freezer
- 3) Wet Ice Bucket



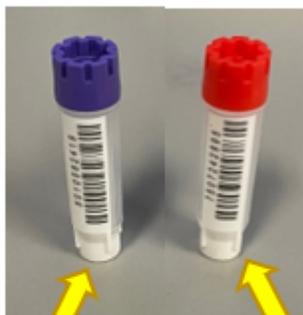
National Centralized Repository for
Alzheimer's Disease and Related Dementias

Blood Draw Order

Tube Type	Number of Tubes Drawn	Tube Image
1. EDTA (Lavender-Top) Blood Collection Tube (10 mL)	4	
2. PAXgene™ Blood Collection Tube (2.5 mL)	2	
3. SST (Tiger-Top) Blood Collection Tubes (8.5 mL)	1	

Aliquot Cap Colors

Cap Color	Sample Type
Purple Cap (8 x 0.75 mL and 12 x 2 mL)	Plasma
Blue Cap (2 x 2.0 mL)	Residual (plasma and serum)
Gray Cap (4 x 2.0 mL)	Buffy Coat
Red Cap (8 x 0.75 mL and 1 x 2 mL)	Serum



0.75 mL
Purple Cap
(Plasma)

0.75 mL
Red Cap
(Serum)



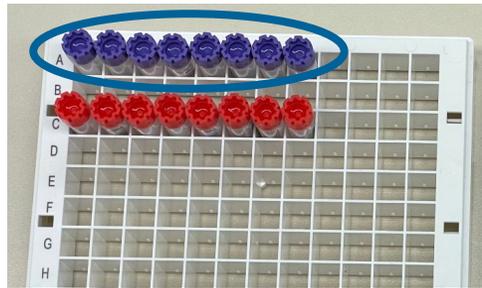
2 mL
Purple Cap
(Plasma)

2 mL Blue
Cap
(Residual)

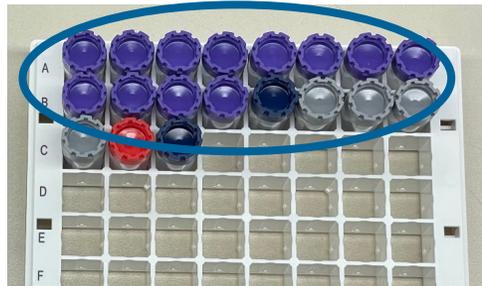
2 mL Gray
Cap (Buffy
Coat)

2 mL Red Cap
(Serum)

Plasma Collection



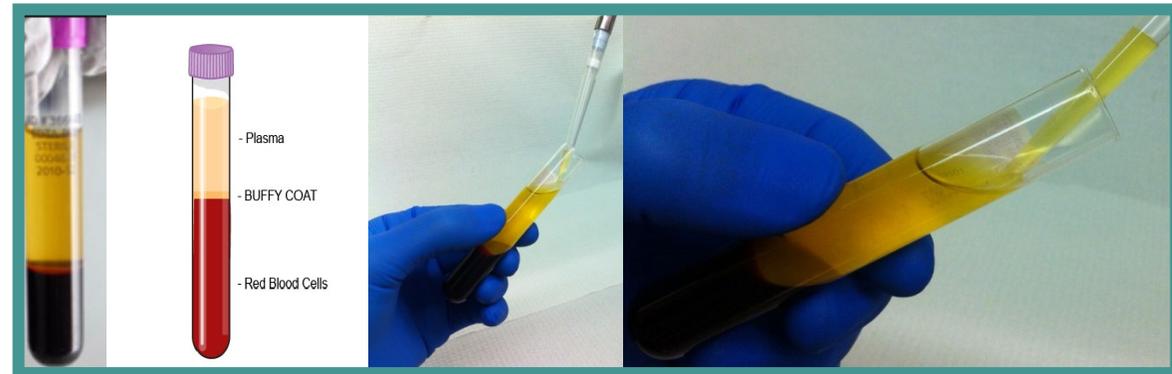
96 cell cryobox with 0.75 mL cryovials



48 cell cryobox with 2.0 mL cryovials

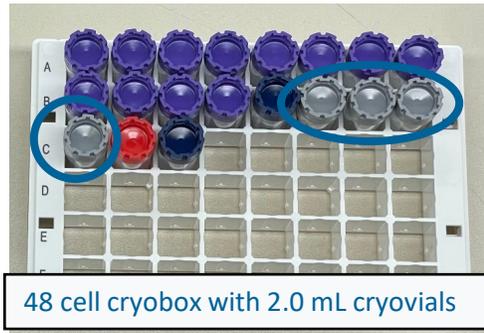
4 x EDTA (Lavender-Top) Blood Collection Tube (10 mL)

- Create up to (8) 0.25 mL plasma aliquots
- Create up to (12) 1.5 mL plasma aliquots
- Create up to (1) 1.5 mL residual plasma aliquot



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

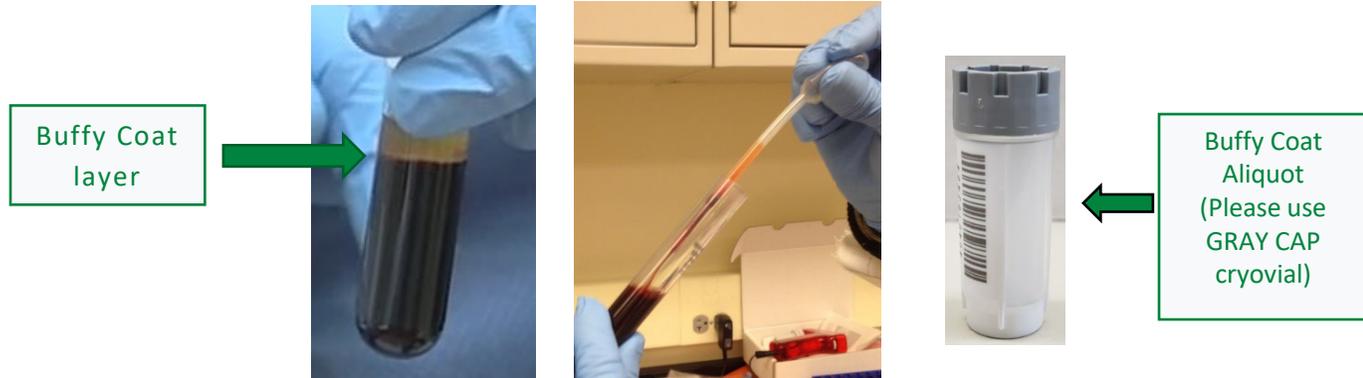
Buffy Coat Collection



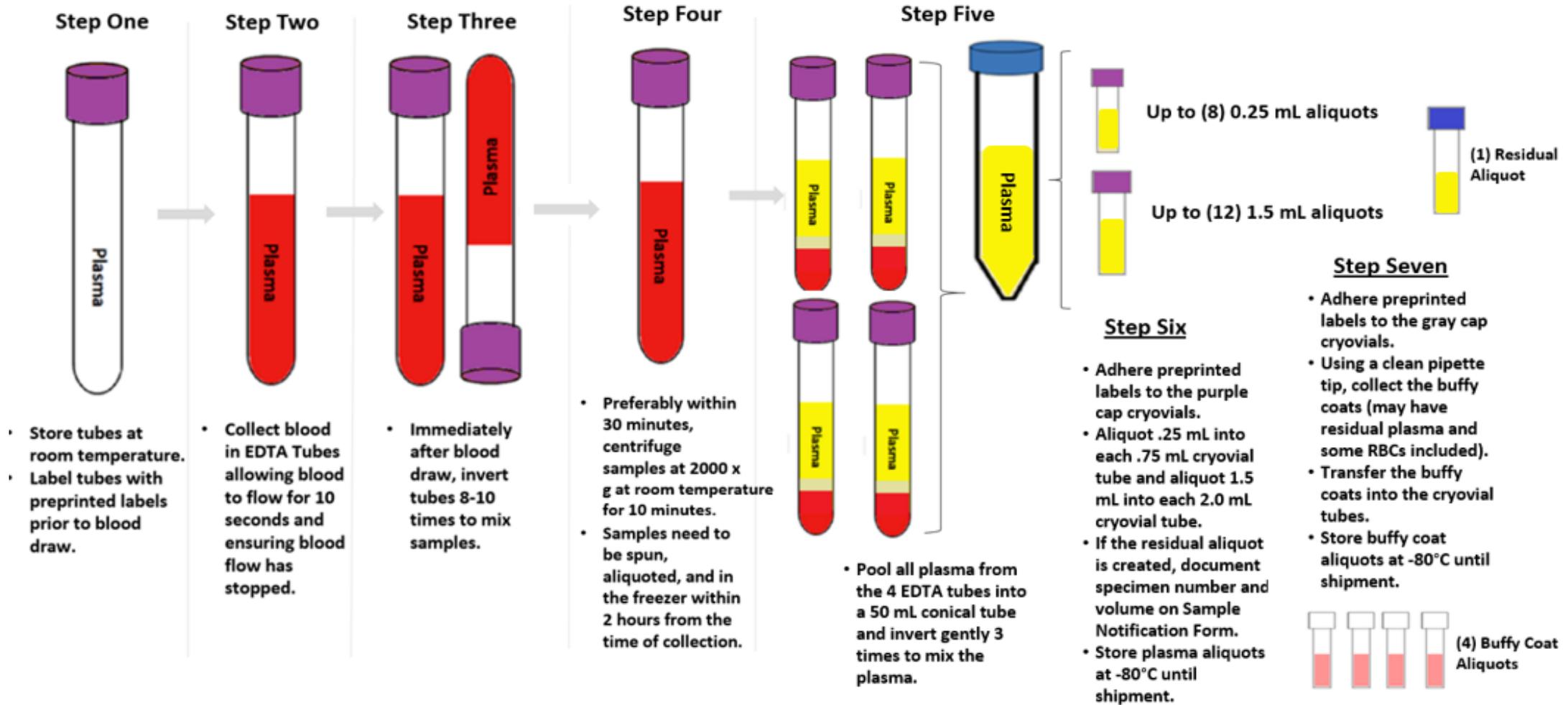
48 cell cryobox with 2.0 mL cryovials

4 x EDTA (Lavender-Top) Blood Collection Tube (10 mL)

- Create up to (4) 1.5 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



Plasma and Buffy Coat Preparation (10ml Lavender-Top Tube X 4)



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

RNA Collection



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

RNA Preparation (2.5ml PAXgene™ Tube)

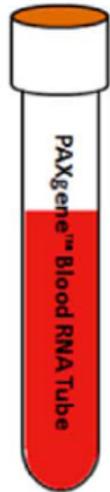


Step One



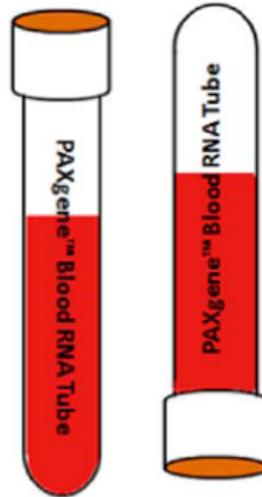
- Store tubes at room temperature.
- Label tubes with pre-printed labels prior to blood draw.

Step Two



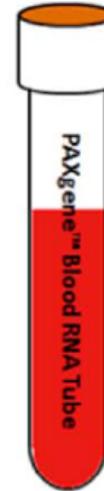
- Collect blood in PAXgene™ tube allowing blood to flow for 10 seconds and ensuring blood flow has stopped.

Step Three



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

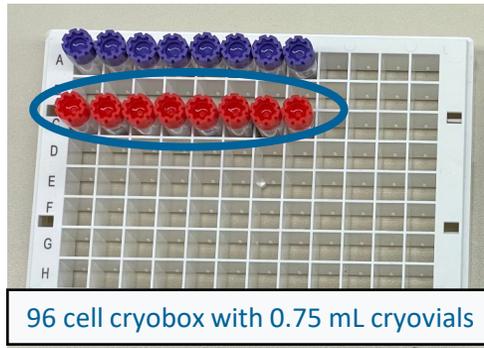
Step Four



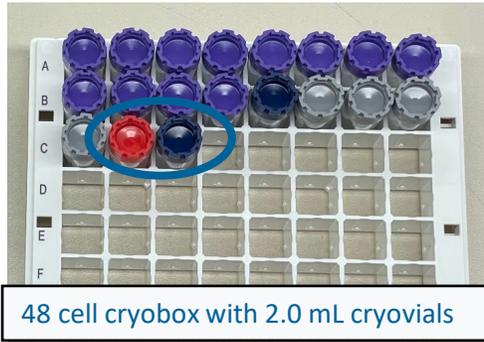
- Store tubes at -80°C in a wire rack until shipment.



Serum Collection



96 cell cryobox with 0.75 mL cryovials



48 cell cryobox with 2.0 mL cryovials

1 x SST (Tiger-Top) Blood Collection Tubes (8.5 mL)

- Create up to (8) 0.25 mL serum aliquots
- Create up to (1) 1.5 mL serum aliquots
- Create up to (1) 1.5 mL residual serum aliquot



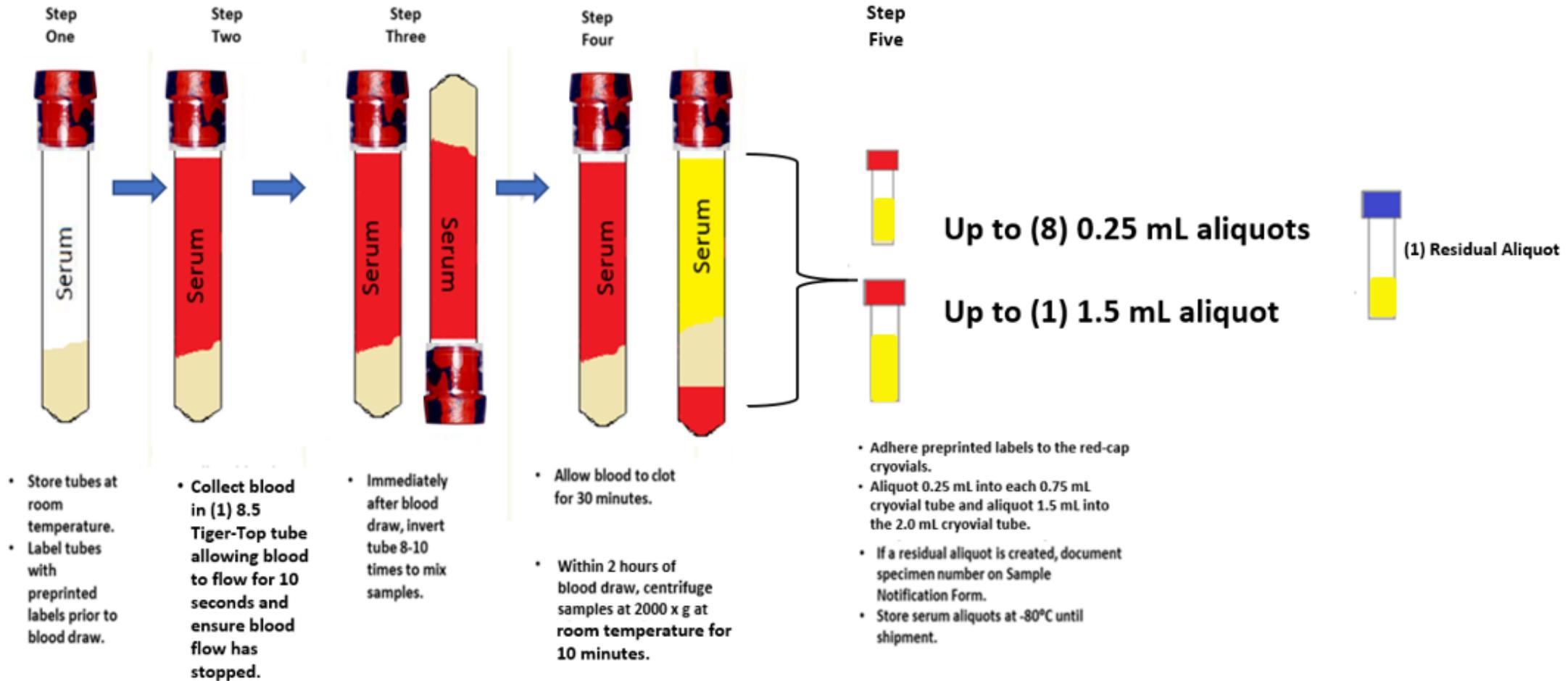
SST immediately after blood draw.



SERUM
GEL MATRIX
BLOOD CLOT

SST immediately following the centrifuge.

SST (Tiger-Top) Blood Collection Tubes (8.5 mL) for Serum x 1



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

Incomplete or Difficult Blood Draws and Redraws

*****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.

Redraws will be scheduled for samples submitted to NCRAD.



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Situations may arise that prevent study coordinators from obtaining the total amount scheduled for biofluids. In these situations, please follow the below steps:

1. If the biofluids at a scheduled visit **are partially** collected:
 - a. Attempt to process and submit any samples that were able to be collected during the visit.
 - b. Document difficulties on the 'Biological Sample and Shipment Notification Form' prior to submission to NCRAD.
 - i. Indicate blood draw difficulties at the bottom of the 'Biological Sample and Shipment Notification Form' within the "Notes" section.
 - ii. Complete the 'Biological Sample and Shipment Notification Form' with tube volume approximations and number of aliquots created.
 - c. Contact a NCRAD coordinator and alert them of the challenging blood draw.

2. If the biofluids at a scheduled visit **are not** collected:
 - a. Contact the CADASIL Global Coordinator and a NCRAD coordinator to alert them of the challenging blood draw or circumstances as to why biofluids were not collected.
 - b. Schedule participant for a re-draw visit as quickly as possible.

Packaging Sample Shipments



National Centralized Repository for
Alzheimer's Disease and Related Dementias

Sample Shipment Summary

Sample Type	Tube Type	Number of Tubes Supplied in Kit	Processing/Aliquoting	Tubes to NCRAD	Ship
Whole blood for isolation of plasma & buffy coat (for DNA extraction)	EDTA (Lavender-Top) Blood Collection Tube (10 mL)	4	N/A	N/A	N/A
	PLASMA: 0.75 mL cryovials	8	0.25 mL plasma aliquot per 0.75 mL cryovial (Micronic™ purple cap)	8	Frozen
	PLASMA: 2.0 mL cryovials	12	1.5 mL plasma aliquot per 2.0 mL cryovial (Micronic™ purple cap)	12	
	PLASMA RESIDUAL: 2.0 mL cryovials	1	1.5 mL plasma aliquot per 2.0 mL cryovial (Micronic™ blue cap)	1	
	BUFFY COAT: 2.0 mL cryovials	4	1 mL buffy coat aliquot per 2.0 mL cryovial (Micronic™ gray cap)	4	
Whole blood for RNA extraction	PAXgene™ Blood Collection Tube (2.5 mL)	2	N/A	2	Frozen
Whole blood for isolation of serum	SST (Tiger-Top) Blood Collection Tubes (8.5 mL)	1	N/A	N/A	N/A
	SERUM: 0.75 mL cryovials	8	0.25 mL serum aliquot per 0.75 mL cryovial (Micronic™ red cap)	8	Frozen
	SERUM: 2.0 mL cryovials	1	1.5 mL serum aliquot per 2.0 mL cryovial (Micronic™ red cap)	1	
	SERUM RESIDUAL: 2.0 mL cryovials	1	1.5 mL serum aliquot per 2.0 mL cryovial (Micronic™ blue cap)	1	

Frozen Shipment Packaging



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



On the day of scheduled UPS pick-up, begin packaging specimens on dry ice **at least 1 hour before UPS arrives**. Hold samples in -80°C freezer until it is time to package the specimens on dry ice for shipment to NCRAD.



Include copy of Blood Sample Shipment and Notification Form



Batch shipping should be performed every (3) three months or when specimens from 4 participants accumulate, whichever is sooner.

Large Frozen Shipper:

** 45 lbs of dry ice pellets

AND

Fits up to 8 x 48-slot cryoboxes



- The most important issue for shipping is to maintain the temperature of the samples. The frozen samples must never thaw; not even the outside of the tubes should be allowed to defrost. This is best accomplished by making sure the Styrofoam container is filled completely with pelleted dry ice.

Frozen Shipment Packaging

- Place all frozen labeled aliquots of plasma, buffy coat, serum, and residual aliquots from the same subject in the cryoboxes. Place both cryoboxes from the same subject into the biohazard bag with absorbent sheet.
- Place frozen (2) PAXgene™ tubes in provided bubble wrap tube sleeves, seal, and place in biohazard bag with cryoboxes. Seal biohazard bag according to the instructions on the bag.



Place kit number label(s) on cryoboxes



Frozen Shipment Packaging

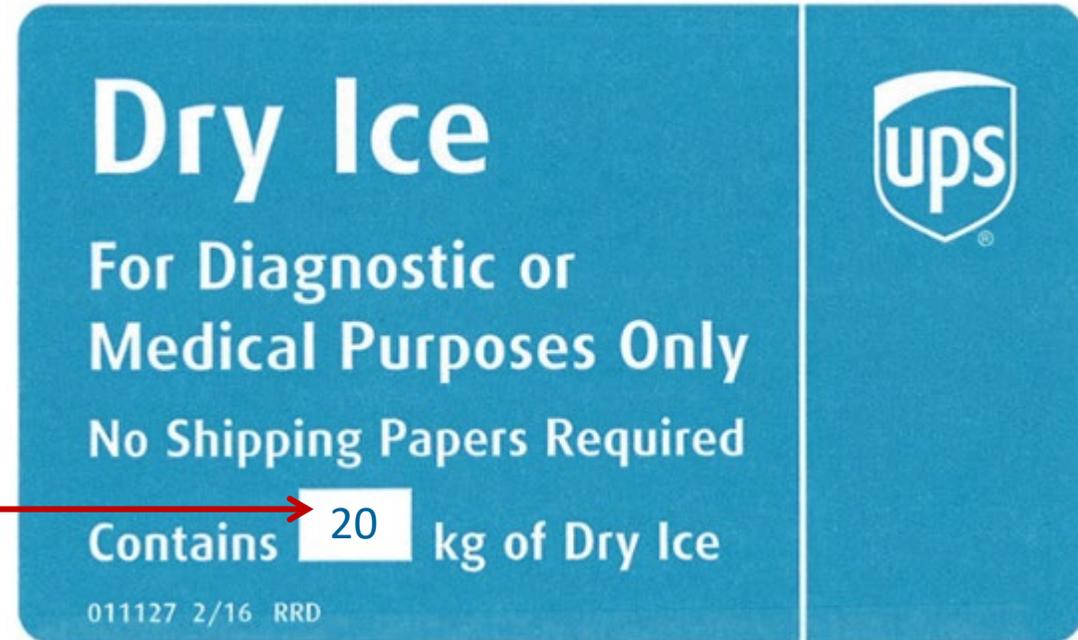
- Place 2-3 inches of dry ice in the bottom of the Styrofoam shipping container, then insert the cryoboxes laying upright.
- Fully cover the cryoboxes with about 2 inches of dry ice in the provided shipper.
- Each Styrofoam shipper must contain about 45 lbs (20 kg) of dry ice.
- Fill shipper to the top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



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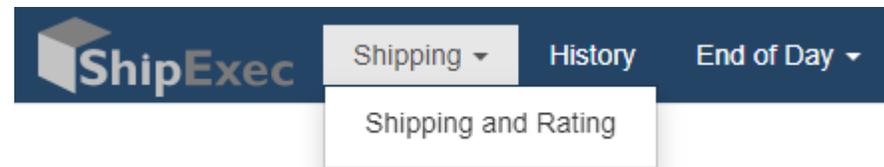
UPS ShipExec™ Thin Client Website



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 1st*



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

The screenshot shows a web application interface for finding contact information. The interface is divided into two main sections: a search form on the left and a results table on the right.

Search Form (Left):

- Select address book:** A table with columns "Address Book" and "Type". The "Address Book" column contains "RETURNS" and "Company".
- Group:** A dropdown menu with "CADASIL" selected.
- Code:** An empty text input field.
- Company:** An empty text input field.
- Contact:** An empty text input field.
- Address 1:** An empty text input field.
- Address 2:** An empty text input field.
- Address 3:** An empty text input field.
- City:** An empty text input field.
- State/Province:** An empty text input field.
- Postal Code:** An empty text input field.
- Country/Territory:** A dropdown menu.
- Account / Tax:** A dropdown menu with options "Email", "Phone Fax", and "Account / Tax".
- Email:** An empty text input field.
- Buttons:** "Clear" and "Search" buttons.

Results Table (Right):

Action	Code	Company
Select	CADASIL 974	Brown Butler
Select	CADASIL 415	Columbia University
Select	CADASIL 391	Emory University
Select	CADASIL 773	Loyola University Chicago
Select	CADASIL 272	Oregon Health & Science University
Select	CADASIL 709	University of California San Francisco (UCSF)
Select	CADASIL 348	University of Colorado
Select	CADASIL 976	University of Texas Health Science Center at Houston

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="button" value="Clear"/>	Study Group	CADASIL
Code	CADASIL 296	Weight	50 LB
Company	UW School of Medicine and Public Health	Dry Ice Weight	45 LB
Contact	Alicia Henson	Description of Return	Biological Specimens
Address 1	600 Highland Ave.	<input type="button" value="Pickup Request"/>	
Address 2	K4354		
Address 3	Department of Neurology		
City	Madison		
State/Province	WI		
Postal Code	53792		
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)

Shipment Information	
Study Group	CADASIL
Weight	50 LB
Dry Ice Weight	45 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

Shipment Information

Study Group	CADASIL
Weight	50 LB
Dry Ice Weight	45 LB
Description of Return	Biological Specimens

Pickup Request

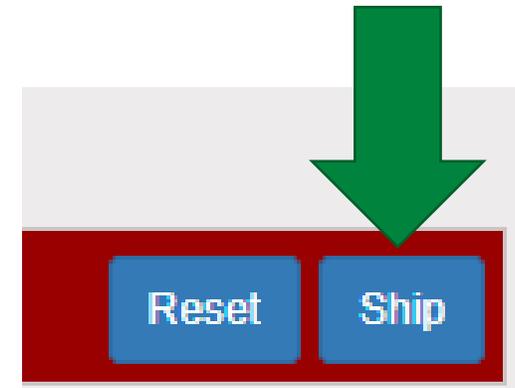
Create Pickup Request

Pickup Date	2023-04-27
Earliest Time Ready	17:00
Latest Time Ready	21:00
Contact Name	John Smith
Contact Phone	555-555-5555
Payment Method	Pay by shipper account
Room Number	718
Floor	7

Save Cancel

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

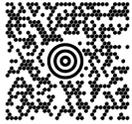
- Check on progress of pickup by going to [UPS.com](https://www.ups.com), click on the Shipping, select Schedule a Pickup, and look on the right side of screen to click on "Pickup Request Status". Enter in the Pickup No. listed on receipt into PRN field and submit

Airbill

JOHN SMITH
317-555-1234
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: PIP
DESC: Biological Specimens
RETURN SERVICE
UN1845, DRY ICE, CLASS 9, 1 x 4.5 KG
AUDIT REQUIRED
Reference No.1: 6683830

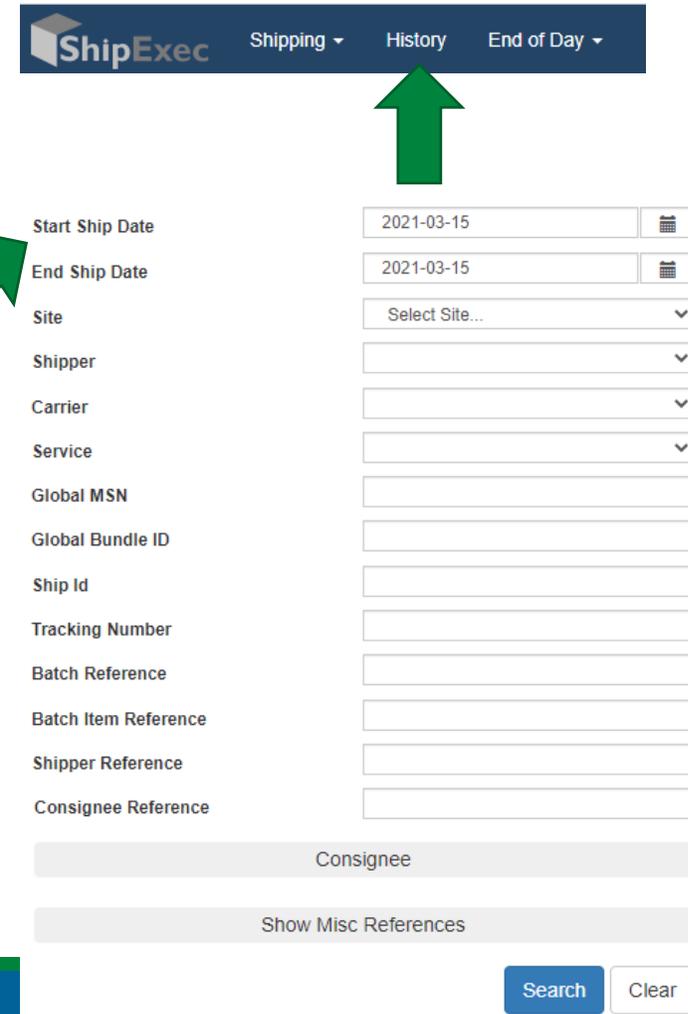
Accessing Airbill

- 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 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: 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]

At the bottom of the search filter section, there are two buttons: "Consignee" and "Show Misc References". At the very bottom of the page, there are two buttons: "Search" and "Clear". A large green arrow points from the text in the first bullet point to the "History" menu item, and another large green arrow points from the text in the second bullet point 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	

Creating a ShipExec Account

- Please email the NCRAD Coordinator if you do not have a ShipExec Account:
 - Zoë McManus - zdpotter@iu.edu
- Once your ShipExec account is created, you will get an email from noreply@shipexec.com. This email will have a temporary password in the body of the email. Login using this password.
- You will then be prompted to reset your password.
- *Look in your junk folder in case the email is being incorrectly flagged.*

Blood Sample and Shipment Notification Form



National Centralized Repository for
Alzheimer's Disease and Related Dementias

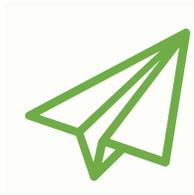
Blood Sample and Shipment Notification Form



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



Please include sample forms in all shipments of frozen samples.



Email: alzstudy@iu.edu

Appendix B: Biological Sample and Shipment Notification Form



Appendix B: Biological Sample and Shipment Notification Form

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

UPS tracking #: **1Z976R8W** Date: _____

From: _____ Phone: _____ Email: _____

Study: CADASIL Site ID: _____ CADASIL IND #: **CC**

KIT LABEL/BARCODE

Sex: M F Year of Birth: _____

Visit: Baseline 18 Month 36 Month

Blood Collection:

Date of Draw: _____ [MMDDYY]	Time of Draw: _____ [HHMM]
Date subject last ate: _____ [MMDDYY]	Time subject last ate: _____ [HHMM]

RNA (PAXgene™ Tubes)

#	Specimen Number (Last four digits): _____	Original volume drawn: _____ ml	Time PAXgene™ tubes placed in freezer: _____ [HHMM]
#1	_____	_____	_____
#2	_____	_____	_____

Blood Processing:

Serum (Red-top) Tube (8.5 mL)

Time spin started: _____ [HHMM]	Number of 0.25 mL serum aliquots created (red cap): _____
Duration of centrifuge: _____ Mins	Number of 1.5 mL serum aliquots created (red cap): _____
Temp of Centrifuge: _____ °C	Volume of residual serum aliquot (less than 1.5 mL in blue cap): _____ mL <input type="checkbox"/> N/A
Rate of centrifuge: _____ x g	Specimen number of residual serum aliquot (last four digits): _____ <input type="checkbox"/> N/A
Original volume drawn: _____ mL	Time aliquots placed in freezer: _____ [HHMM]
Time aliquoted: _____ [HHMM]	Storage temperature in freezer: _____ °C

Plasma & Buffy Coat (Lavender-top) Tubes (10 mL)

Time spin started: _____ [HHMM]	Time aliquoted: _____ [HHMM]
Duration of centrifuge: _____ Mins	Number of 0.25 mL plasma aliquots created (purple cap): _____
Temp of Centrifuge: _____ °C	Number of 1.5 mL plasma aliquots created (purple cap): _____
Rate of centrifuge: _____ x g	Volume of residual plasma aliquot (less than 1.5 mL in blue cap): _____ mL <input type="checkbox"/> N/A
Original volume drawn - EDTA #1 _____ mL	Specimen number of residual plasma aliquot (last four digits): _____ <input type="checkbox"/> N/A
Original volume drawn - EDTA #2 _____ mL	Time aliquots placed in freezer: _____ [HHMM]
Original volume drawn - EDTA #3 _____ mL	Storage temperature in freezer: _____ °C
Original volume drawn - EDTA #4 _____ mL	
Aliquot volume – Buffy coat #1 _____ mL	Buffy coat aliquot #1 (last four digits): _____
Aliquot volume – Buffy coat #2 _____ mL	Buffy coat aliquot #2 (last four digits): _____
Aliquot volume – Buffy coat #3 _____ mL	Buffy coat aliquot #3 (last four digits): _____
Aliquot volume – Buffy coat #4 _____ mL	Buffy coat aliquot #4 (last four digits): _____

NOTES:

Appendix A: Rate of Centrifugation Worksheet

Please complete and return this form by _____ 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 at alzstudy@iu.edu

It is critical that the tube be centrifuged at the appropriate speed to ensure proper serum and plasma separation. Use Rate of Centrifugation Worksheet to calculate RPM.

Noncomformance Issues

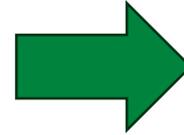
NCRAD

The logo for NCRAD features the letters 'NCRAD' in a sans-serif font. The 'AD' portion is significantly larger and bolder than the 'NCR' portion. Below the text, there are two horizontal double-headed arrows. The first arrow is blue and spans the width of the 'NCR' letters. The second arrow is black and spans the width of the 'AD' letters.

National Centralized Repository for
Alzheimer's Disease and Related Dementias

Nonconformance Issues

Sample aliquots and collection tubes frozen at an angle/inverted



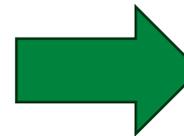
Recommendation:

Place aliquots in cryoboxes/tube rack in freezer *upright* until shipment

Fields left blank on Blood Sample and Shipment Notification Form

Last time subject ate often left blank/unknown

Incorrect data reported on Sample and Shipment Notification Forms



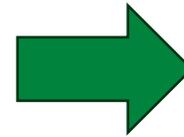
Recommendation: Complete Sample Notification forms during the participant study visit as samples are processed.

Nonconformance Issues

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

Sample forms not scanned to NCRAD the day before shipment

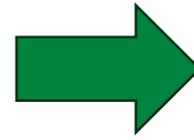


Recommendation:

Ship Samples to NCRAD utilizing the Notification Form, by PTID. Do not throw away labels until samples are packed and shipped.

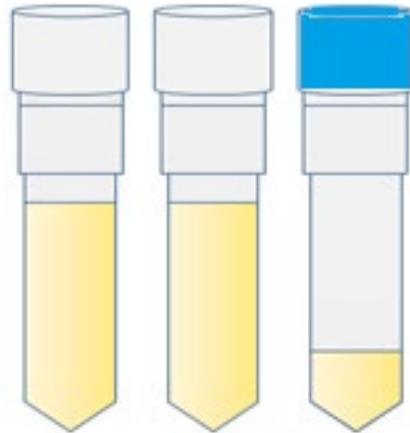
Nonconformance Issues

Multiple low volume aliquots

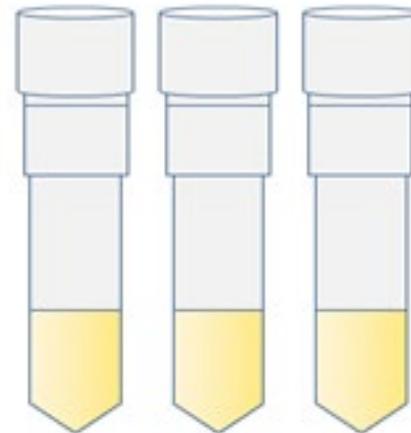


Recommendation:

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



YES



NO

NCRAD Website



National Centralized Repository for
Alzheimer's Disease and Related Dementias

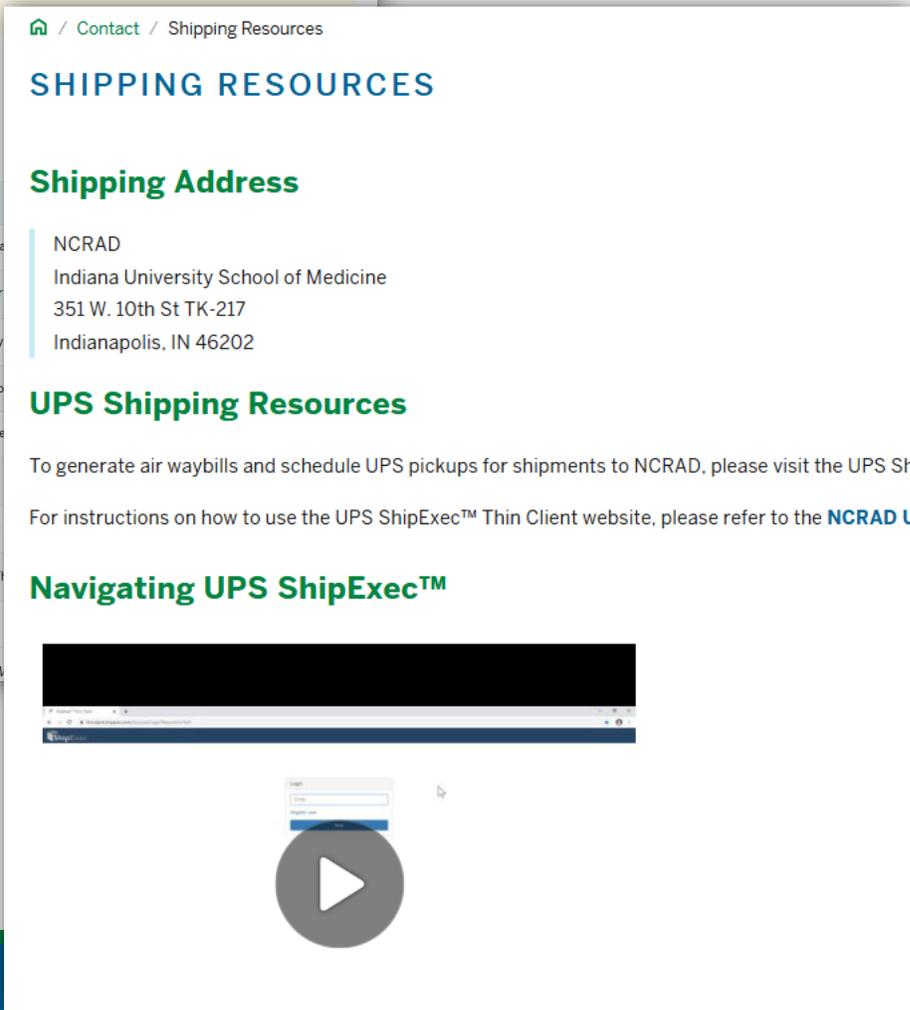
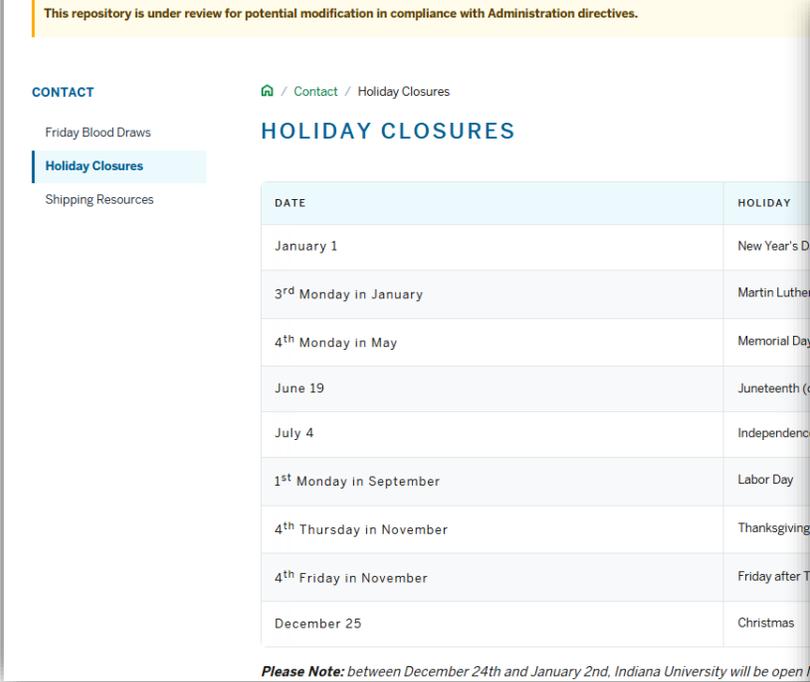
NCRAD Website: Helpful Pages



[NCRAD - CADASIL Active Study Page](#)

[NCRAD - Holiday Closures](#)

[NCRAD - Shipping Address](#)



Questions?

Zoë McManus, BA, CCRP, Study Coordinator

Phone: (317) 278-9086

Email: zdpotter@iu.edu

General NCRAD Contact Information

Phone: 1-800-526-2839

Alt. Phone: (317)-278-8413

Email: alzstudy@iu.edu

Website: www.ncrad.org

CADASIL Study Specific Webpage: [NCRAD - CADASIL Active Study Page](#)