

NAPS CONSORTIUM

For REM Sleep Behavior Disorder

North American Prodromal Synucleinopathy (NAPS2)

&

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

Biofluids Collection Training Slides



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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

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Training Overview

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

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Globally Unique Identifier (GUID)

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

The GUID is required for NAPS2!

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Globally Unique Identifier (GUID)

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



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Specimen Collection Schedule

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

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



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Kit Request Module

www.kits.iu.edu/NAPS2



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Coordinate Studies / NAPS2

NAPS2 ACTIVE STUDY PAGE

Welcome NAPS2 Study staff, coordinators, and PI's.

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

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

* CSF collection optional after visit 1

Study Resources

KIT REQUEST MODULE


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

[Kit Request System →](#)

BIOLOGICAL SAMPLE AND SHIPMENT NOTIFICATION FORMS

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

[Blood Sample Form ↕](#)
[CSF Sample Form ↕](#)



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Kit Request Module

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



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Kit Request Module

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

Study Site	<input type="text" value="01 - Washington University"/>
Washington University	
Washington University Sleep Medicine Center Attn: Jennifer McLeland 1600 S. Brentwood Blvd., Suite 600 St. Louis, MO 63144 Phone: (314)747-3819 Email: mclelandj@wustl.edu	
Is the contact name above correct? <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No
Is the shipping address above correct? <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No
Is the e-mail address above correct? <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No



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Kit Request Module

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

Is the contact name above correct? Yes No reset
* must provide value

Contact New Name
* must provide value

Is the shipping address above correct? Yes No reset
* must provide value

New Shipping Address
* must provide value

Is the e-mail address above correct? Yes No reset
* must provide value

New E-mail Address
* must provide value

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Kit Request Module: Kit Selection

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

Total Number Blood Collection Kits Requested

Total Number CSF Kits Requested

Total Number of LP Trays (22 Gauge) Requested

Total Number of LP Trays (24 Gauge) Requested

Total Number of Supplemental Blood Kits Requested


Total Number of Supplemental CSF Kits Requested

Total Number of Frozen Shipping Kits Requested

Do you require any individual supplies? Yes No reset

Each Blood Collection Kit Includes (10854):

- 1: Plain Red Top Serum (Red-Top) Blood Collection Tube (10 ml) - CT006
- 4: EDTA Lavender Top Blood Collection Tube (10 ml) - CT001
- 1: PAXgene™ Blood Collection Tube (2.5 ml) - CT004
- 1: 50-ml conical polypropylene tube-individually wrapped - CV056
- 10: Cryovial (2.0 ml) with green cap - CV064
- 15: Cryovial (2.0 ml) with lavender cap - CV027
- 4: Cryovial (2.0 ml) with clear cap - CV014
- 2: Cryovial (2.0 ml) with blue cap - CV034
- 3: Cryovial (2.0 ml) with red cap - CV028
- 1: Disposable graduated transfer pipette - CV015
- 1: Microcentrifuge box (81-slot) - CV021
- 1: Resealable bag labeled w Kit bag label - ST002 & LB006
- 1: Bubble wrap tube sleeve - SH032
- 50 (total): Labels - LB003
 - 40 - Pre-printed Collection and Aliquot Tube Label
 - 3 - Pre-printed Kit Number Label
 - 7 - Labels for Handwritten NAPS2 ID



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Kit Request Module: Kit Selection

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

Do you require any individual supplies?

Yes
 No reset

Individual Supplies Requested

Cryobox (25-slot)

Cryovial tube (2.0 ml) with lavender cap

Cryovial tube (2.0 ml) with red cap

Cryovial tube (2.0 ml) with orange cap

Cryovial tube (2.0 ml) with yellow cap

Cryovial tube (2.0 ml) with blue cap

Cryovial tube (2.0 ml) with clear cap

50-ml conical polypropylene tube-individually wrapped

15-ml conical polypropylene tube-individually wrapped

FedEx return airbill

Shipping container for dry ice shipment (Med Frozen Shipper/Lg Brain Box) (16 x 16 x 15 1/2")

Plastic biohazard bag with absorbent sheet

Disposable graduated transfer pipette (3 ml)

EDTA (Lavender-Top) Blood Collection Tube (10 ml)

PAXgene Blood Collection Tube (2.5 ml)

Serum (Red-top) Blood Collection Tube (10 ml)

Warning label packet (UN3373, Fragile, FEDEX Dry Ice Label)

UN3373 label

Biohazard label

Dry ice shipping label

Fine Point Sharpies

NAPS ID Labels

Sprotte 22G x 3.5" (90 mm) needle

Sprotte 24G x 3.5" (90 mm) needle

Please enter individual supplies and quantities requested

3 - Cryovial tubes (2.0 ml) with lavender cap
2 - PAXgene Blood Collection Tubes (2.5 ml)

Expand

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Kit Request Module

- Each site is responsible for ordering kits and maintaining supplies on site for their scheduled participants.
- To order kits, sites will use the Indiana University online kit ordering module: www.kits.iu.edu/NAPS2
- Allow around **3 weeks** for your order to be processed and shipped.

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Specimen Labels

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Specimen Labels

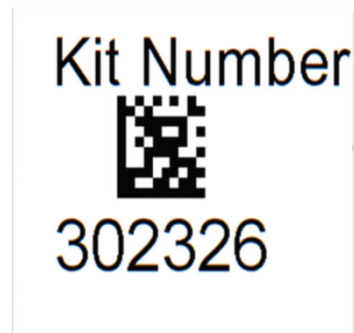
- Label type summary:
 - Kit Number Labels
 - NAPS2 ID Labels
 - Collection and Aliquot Tube Labels
 - Differ by specimen type
- All labels are provided in the kits

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Specimen Labels: Kit Number Labels

- Used to track patient samples and provide quality assurance
- Will be placed on:
 - Blood & CSF Sample and Shipment Notification Forms
 - Outside of cryobox(es) that houses aliquot tubes during storage and shipment
 - CSF samples will have a different kit number than blood samples



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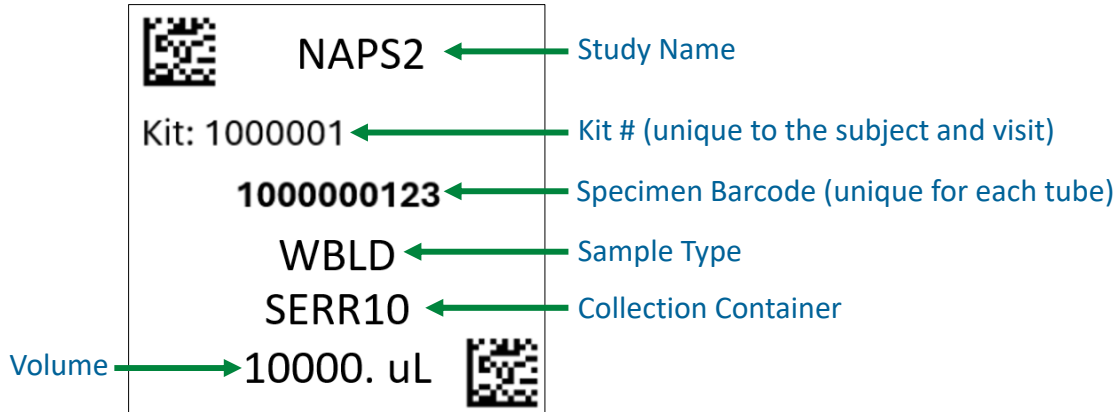
Specimen Labels: NAPS ID Labels

- Subjects will be identified by their NAPS2 ID
- Sites will be responsible for handwriting the IDs on the provided labels
 - Fill in labels prior to adhering to tubes
 - Must use fine-point marker
- Labels will be placed on all collection tubes:
 - Serum Red Top Tube (10ml)
 - EDTA Lavender Top Tube (4 x 10 ml)
 - PAXGene™ Tube (2.5ml)

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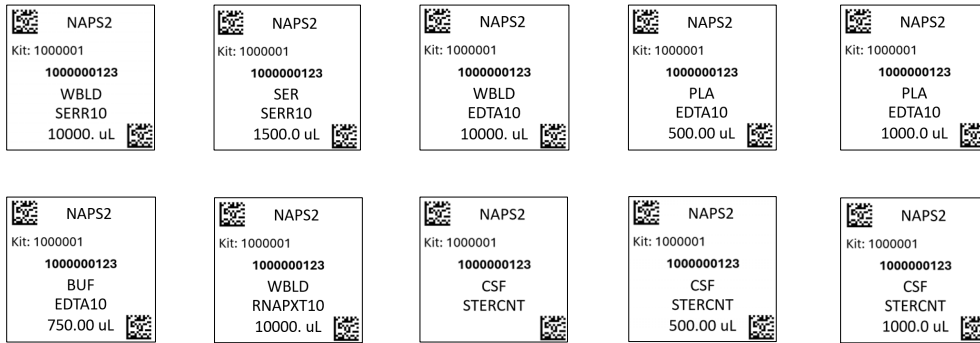
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Specimen Labels: Collection & Aliquot Tube Labels



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Collection and Aliquot Tube Labels



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

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



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Specimen Type & Collection Tube Guide

SPECIMEN TYPE ABBREVIATIONS

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

COLLECTION TUBE ABBREVIATIONS

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

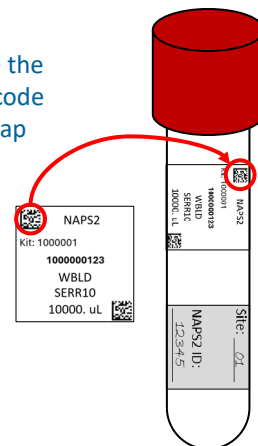
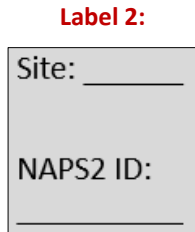
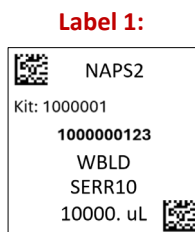


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Specimen Labels: Blood Collection Tubes

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

Please ensure the left-hand barcode is near the cap

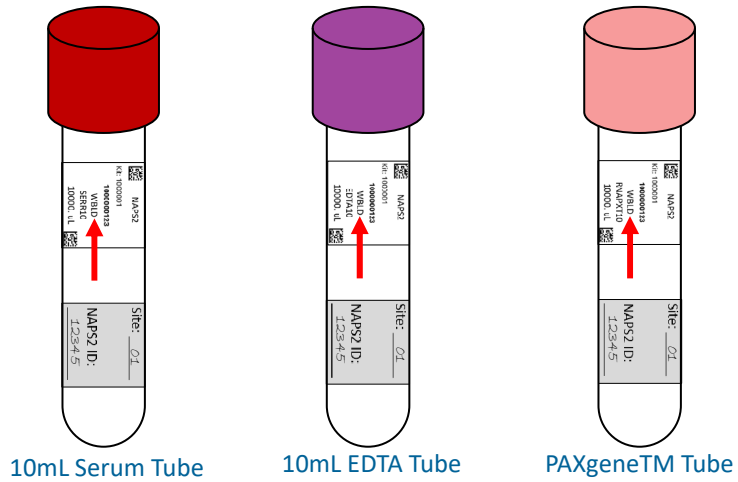


10mL Serum Tube
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Specimen Labels: Blood Collection Tubes

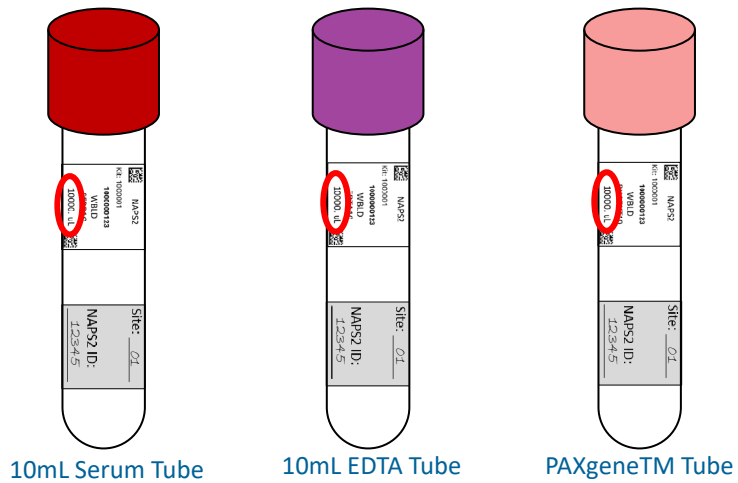
The labels on your blood collection tubes should all have specimen type = **WBLD**



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Specimen Labels: Blood Collection Tubes

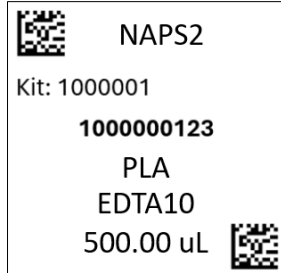
The labels on your blood collection tubes should all have volume = **10000. uL**



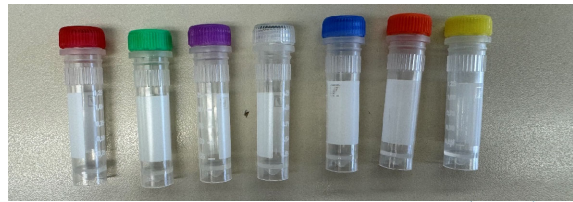
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Specimen Labels: Aliquot Tubes

- All aliquot tubes will have only one label:
 - Aliquot Tube Label



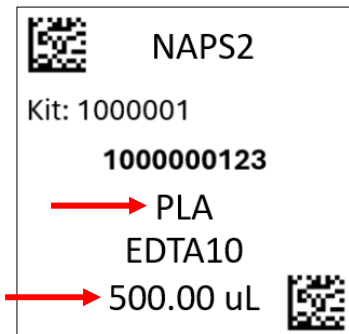
Cap Color	Sample Type
Red Cap	Serum
Green Cap	0.5ml aliquots (plasma and CSF)
Lavender Cap	1ml Plasma aliquots
Clear Cap	Buffy Coat
Blue Cap	Residual (Serum, plasma, or CSF)
Orange Cap	1ml CSF aliquots
Yellow Cap	CSF to Local Lab



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Specimen Labels: Aliquot Tubes

- All aliquot tubes will have only one label:
 - Aliquot Tube Label



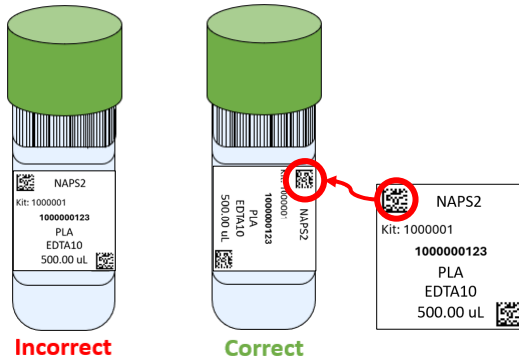
Cap Color	Sample Type
Red Cap	Serum
Green Cap	0.5ml aliquots (plasma and CSF)
Lavender Cap	1ml Plasma aliquots
Clear Cap	Buffy Coat
Blue Cap	Residual (Serum, plasma, or CSF)
Orange Cap	1ml CSF aliquots
Yellow Cap	CSF to Local Lab



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

ALIQUOT TUBE LABELING DIAGRAM



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



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Specimen Labels: Yellow Aliquot Tube

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

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



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Specimen Labels: Labeling Biologic Samples

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

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Handling/ Processing Study Specimens

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Site Required Equipment

• Blood Collection/Safety Equipment:

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

• Processing/Storage Equipment:

- 1. Centrifuge capable of ≥ 2000 xg with refrigeration to 4°C
- 2. -80°C Freezer
- 3. Wet Ice Bucket



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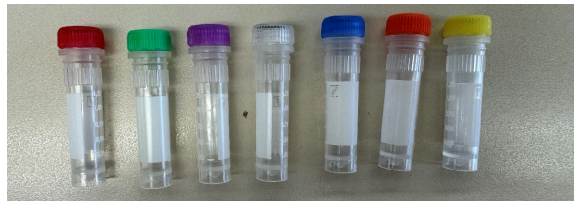
Blood Collection & Processing: Sample Collection Tube

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

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Blood Collection & Processing: Aliquot Cryovials & Cap Colors

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



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NIPS CONSORTIUM
For NIPS Strep Invasive Diseases

Biological Sample and Shipment Notification Form

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

NCRAD

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

General Information:

From: _____ Date: _____ Kit Barcode: _____
 Phone: _____ Email: _____
 NAPS2 ID: _____ GUID ID: _____
 Sex: M F Year of Birth: _____

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

Tracking #: _____ CSF Collected? Yes No

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

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

Blood Processing:

RNA (PAXgene Tube)

Total volume of blood drawn into a 1 x 2.5mL PAXgene RNA tube: _____ mL
 Date PAXgene RNA tube placed in -80°C freezer: _____
 Time PAXgene RNA tube placed in -80°C freezer: 24 hour clock: _____ [HHMM]

Serum (Red Top Tube)

Time spin started: 24 hour clock: _____ [HHMM] Duration of centrifuge: _____ minutes
 Temp of centrifuge: _____ °C Rate of centrifuge: _____ x g
 Original volume drawn (1x10mL Serum tube): _____ mL
 Time aliquoted: _____ [HHMM] Number of 1.5mL serum aliquots created: _____ x 1.5mL
 If applicable, volume of residual serum aliquot (less than 1.5 mL) (Blue cap): _____ mL
 If applicable, specimen number of residual serum aliquot (Last four digits): _____
 Time aliquots placed in freezer: 24 hour clock: _____ [HHMM] Storage temperature of freezer: _____ °C

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

Time spin started: 24 hour clock: _____ [HHMM] Duration of centrifuge: _____ minutes
 Temp of centrifuge: _____ °C Rate of centrifuge: _____ x g
 Original volume drawn (4x10mL EDTA tube): _____ mL
 EDTA #1: _____ mL EDTA #2: _____ mL EDTA #3: _____ mL EDTA #4: _____ mL Total Volume: _____ mL
 Time aliquoted: _____ [HHMM]

Plasma

Number of 0.5mL plasma aliquots created (green cap): _____ x 0.5mL
 Number of 1.0mL plasma aliquots created (purple cap): _____ x 1.0mL
 If applicable, volume of residual serum aliquot (Blue cap): _____ mL
 If applicable, specimen number of residual plasma aliquot (Last four digits): _____
 Time aliquots placed in freezer: 24 hour clock: _____ [HHMM]

Buffy Coat

Buffy Coat aliquot #1 (last four digits): _____ Buffy Coat aliquot #2 (last four digits): _____
 Buffy Coat aliquot #1 Volume: _____ mL Buffy Coat aliquot #2 Volume: _____ mL
 Buffy Coat aliquot #3 (last four digits): _____ Buffy Coat aliquot #4 (last four digits): _____
 Buffy Coat aliquot #3 Volume: _____ mL Buffy Coat aliquot #4 Volume: _____ mL
 Time aliquots placed in freezer: 24 hour clock: _____ [HHMM] Storage temperature of freezer: _____ °C

Notes: _____

Ver: 02_2024



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NPS CONSORTIUM For REM Sleep Behavior Disorder **Biological Sample and Shipment Notification Form** **NCRAD**
 Please email or fax the form on or prior to the date of shipment

To: Kelley Faber Email: kf2study@iu.edu Phone: 1-800-526-2839

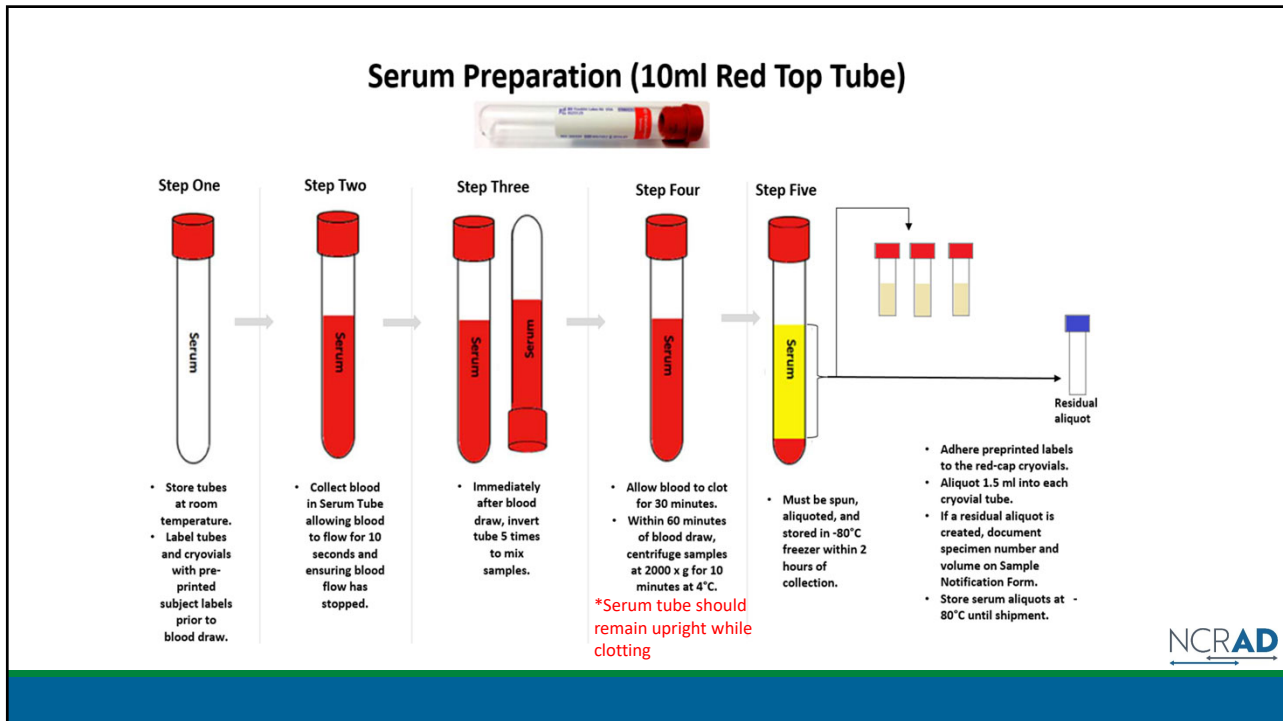
General Information:
 From: Coordinator Name Date: 05/08/2024
 Phone: 111-111-1111 Email: Email@email.com Kit Barcode
 NAPS2 ID: NAPS2-00000 GUID ID: NDAR0000000
 Sex: M F Year of Birth: 1900
 Visit (circle one): Cycle 1 Cycle 2 Cycle 3 Cycle 4 Cycle 5 Cycle 6 Cycle 7 Cycle 8
 Select one: Case Control
 Tracking #: _____ CSF Collected? Yes No

Blood Collection: Blood Collected (circle one): Yes No
 1. Date Drawn: 05/08/2024 [MMDDYYYY] 2. Time of Draw: 24 hour clock: _____ [HHMM]
 3. Date subject last ate: _____ [MMDDYYYY] 4. Last time subject ate: 24 hour clock: _____ [HHMM]

Blood Processing:
RNA (PAXgene Tube)
 Total volume of blood drawn into a 1 x 2.5mL PAXgene RNA tube: _____ mL
 Date PAXgene RNA tube placed in -80°C freezer: _____
 Time PAXgene RNA tube placed in -80°C freezer: 24 hour clock: _____ [HHMM]
Serum (Red Top Tube)
 Time spin started: 24 hour clock: _____ [HHMM] Duration of centrifuge: _____ minutes
 Temp of centrifuge: _____ °C Rate of centrifuge: _____ x g
 Original volume drawn (1x10mL Serum tube): _____ mL
 Time aliquoted: _____ [HHMM] Number of 1.5mL serum aliquots created: _____ x 1.5mL
 If applicable, volume of residual serum aliquot (less than 1.5 mL) (Blue cap): _____ mL
 If applicable, specimen number of residual serum aliquot (Last four digits): _____
 Time aliquots placed in freezer: 24 hour clock: _____ [HHMM] Storage temperature of freezer: _____ °C
Plasma & Buffy Coat (EDTA (Lavender Top) Tube - 10mL)
 Time spin started: 24 hour clock: _____ [HHMM] Duration of centrifuge: _____ minutes
 Temp of centrifuge: _____ °C Rate of centrifuge: _____ x g
 Original volume drawn (4x10mL EDTA tube): _____ mL
 EDTA #1: _____ mL EDTA #2: _____ mL EDTA #3: _____ mL EDTA #4: _____ mL Total Volume: _____ mL
 Time aliquoted: _____ [HHMM]
Plasma
 Number of 0.5mL plasma aliquots created (green cap): _____ x 0.5mL
 Number of 1.0mL plasma aliquots created (purple cap): _____ x 1.0mL
 If applicable, volume of residual plasma aliquot (Blue cap): _____ mL
 If applicable, specimen number of residual plasma aliquot (Last four digits): _____
 Time aliquots placed in freezer: 24 hour clock: _____ [HHMM]
Buffy Coat
 Buffy Coat aliquot #1 (last four digits): _____ Buffy Coat aliquot #2 (last four digits): _____
 Buffy Coat aliquot #1 Volume: _____ mL Buffy Coat aliquot #2 Volume: _____ mL
 Buffy Coat aliquot #3 (last four digits): _____ Buffy Coat aliquot #4 (last four digits): _____
 Buffy Coat aliquot #3 Volume: _____ mL Buffy Coat aliquot #4 Volume: _____ mL
 Time aliquots placed in freezer: 24 hour clock: _____ [HHMM] Storage temperature of freezer: _____ °C

Notes:
 Ver: 02_2024

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Serum Labeling



1 x 10mL Plain Red-Top Serum Blood Collection Tube. Use the label with:
Sample Type = WBLD
Volume = 10000 uL



3 x Red-Cap Cryovials. Use the 3 labels with the smallest specimen barcode numbers and:
Sample Type = SER
Volume = 1500 uL



1 x Blue-Cap Cryovial. Use the label with the highest specimen barcode number and:
Sample Type = SER
Volume = 1500 uL

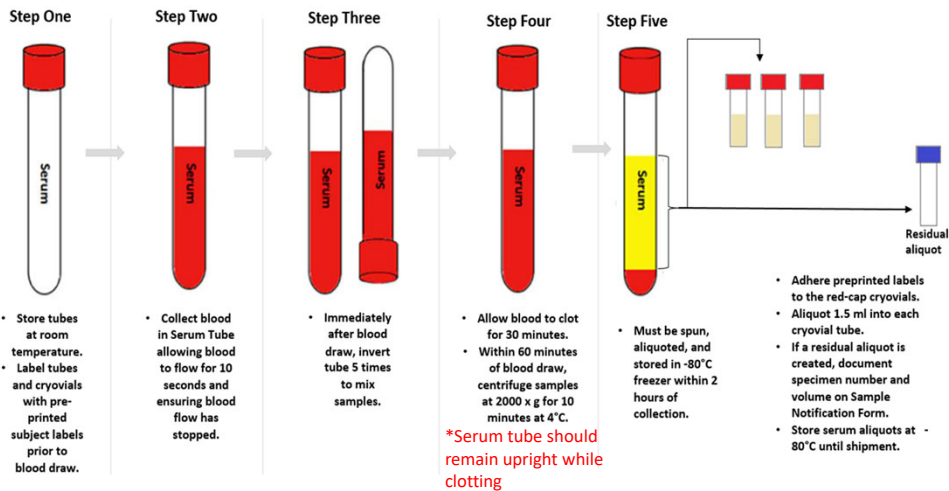
Site: _____
NAPS2 ID: _____

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



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Serum Preparation (10ml Red Top Tube)



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Red Top Tube – Serum Collection

Serum

RBC, WBC & Platelet Clot

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

Close up view of 2.0 ml Cryovial



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Plasma & Buffy Coat Preparation (EDTA Tube x 4)

- Store tubes at room temp
- Each tube should be labeled with Collection Tube and Site and PTID labels.
- Collect Blood into 1 EDTA tube, allowing blood to flow for 10 seconds and ensuring blood flow has stopped
- Immediately after blood draw, invert tube 8-10 times to mix sample.
- Centrifuge samples at 2000 x g for 10 minutes at 4°C

- 10 x 0.5 ml aliquots of plasma into green cap cryovials
- 15 x 1.0 ml aliquots of plasma into purple cap cryovials
- If residual aliquot is created, use the blue-capped cryovial and a "PLASMA" label. Document specimen number and volume on Sample Form
- Store plasma aliquots upright at -80°C until shipment to NCRAD
- Aliquot the buffy coat from each EDTA tube separately, into its own cryovial
- 4 x 1.0 ml aliquots of the buffy coat (may have some residual plasma and RBCs included) into the clear-capped cryovials.
- Store buffy coat aliquot upright at -80°C until shipment to NCRAD

Ensure tubes are not expired prior to blood draw

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

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

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EDTA Tube – Plasma & Buffy Coat Labeling

 NAPS2 Kit: 1000001 1000000006 WBLD EDTA10 10000. uL	through	 NAPS2 Kit: 1000001 1000000009 WBLD EDTA10 10000. uL	4 x 10mL EDTA Purple-Top Blood Collection Tubes. Use the labels with: Sample Type = WBLD Volume = 10000 uL	 NAPS2 Kit: 1000001 1000000035 PLA EDTA10 10000.0 uL	1 x Blue-Cap Cryovial. Use the label with the highest specimen barcode number and: Sample Type = PLA Volume = 1000 uL		
 NAPS2 Kit: 1000001 1000000010 PLA EDTA10 500.00 uL	through	 NAPS2 Kit: 1000001 1000000019 PLA EDTA10 500.00 uL	10 x Green-Cap Cryovials. Use the 10 labels with: Sample Type = PLA Volume = 500 uL	 NAPS2 Kit: 1000001 1000000036 BUF EDTA10 750.00 uL	through	 NAPS2 Kit: 1000001 1000000039 BUF EDTA10 750.00 uL	4 x Clear-Cap Cryovials. Use the 4 labels with: Sample Type = BUF Volume = 750 uL
 NAPS2 Kit: 1000001 1000000020 PLA EDTA10 1000.0 uL	through	 NAPS2 Kit: 1000001 1000000034 PLA EDTA10 1000.0 uL	15 x Purple-Cap Cryovials. Use the 15 labels with the smallest specimen barcode numbers and: Sample Type = PLA Volume = 1000 uL	Site: _____ NAPS2 ID: _____ 4 x 10mL EDTA Purple-Top Blood Collection Tubes			



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Plasma & Buffy Coat Preparation (EDTA Tube x 4)

- Store tubes at room temp
- Each tube should be labeled with Collection Tube and Site and PTID labels.
- Collect Blood into 1 EDTA tube, allowing blood to flow for 10 seconds and ensuring blood flow has stopped
- Immediately after blood draw, invert tube 8-10 times to mix sample.
- Centrifuge samples at 2000 x g for 10 minutes at 4°C

- 10 x 0.5 ml aliquots of plasma into green cap cryovials
- 15 x 1.0 ml aliquots of plasma into purple cap cryovials
- If residual aliquot is created, use the blue-capped cryovial and a "PLASMA" label. Document specimen number and volume on Sample Form
- Store plasma aliquots upright at -80°C until shipment to NCRAD
- Aliquot the buffy coat from each EDTA tube separately, into its own cryovial
- 4 x 1.0 ml aliquots of the buffy coat (may have some residual plasma and RBCs included) into the clear-capped cryovials.
- Store buffy coat aliquot upright at -80°C until shipment to NCRAD

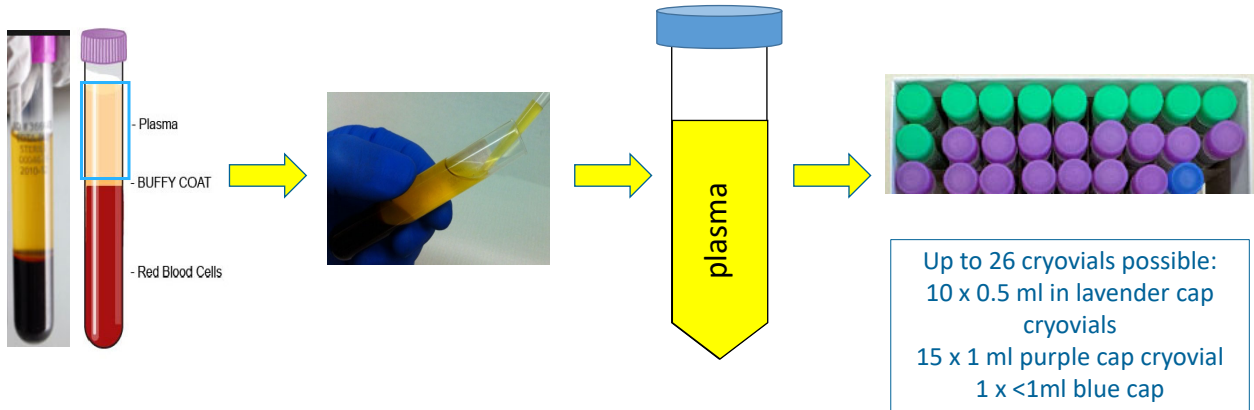
Ensure tubes are not expired prior to blood draw

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

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

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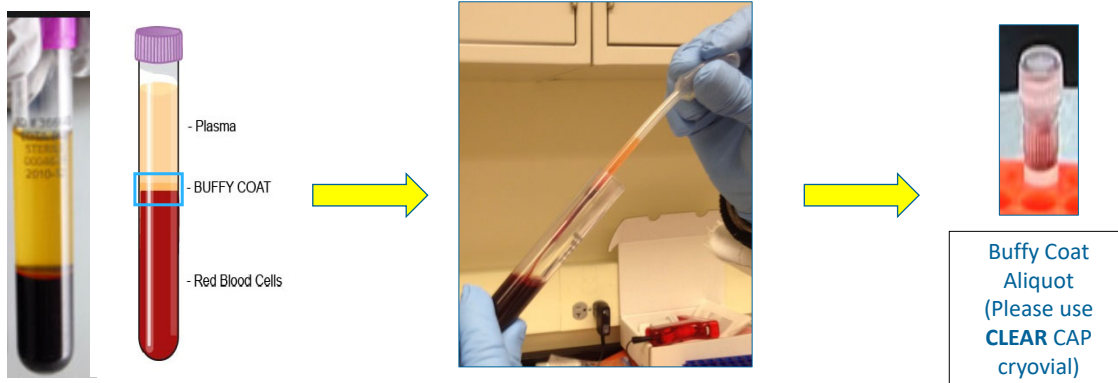
EDTA Tube – Plasma Collection



NCRAD

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EDTA Tube – Buffy Coat Collection




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


NCRAD

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RNA Preparation (2.5ml PAXgene™ Tube)

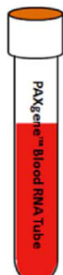


Step One



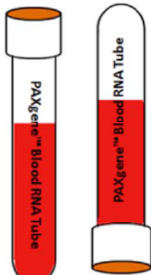
- Store tubes at room temperature.
- Label tubes with pre-printed labels prior to blood draw.

Step Two



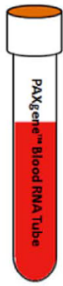
- Collect blood in PAXgene™ tube allowing blood to flow for 10 seconds and ensuring blood flow has stopped.

Step Three




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

Step Four



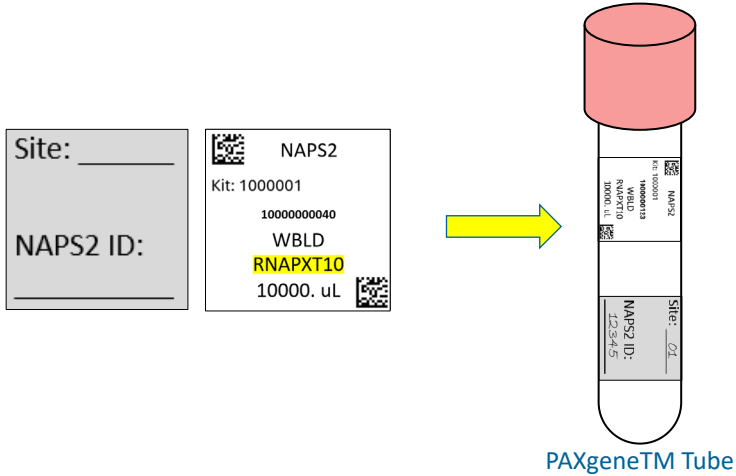
- Store tubes at -80°C in a wire rack until shipment.



NCRAD

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RNA PAXgene™ Tube Labeling



Site: _____

NAPS2 ID: _____


NAPS2
Kit: 1000001
10000000040
WBLD
RNAPXT10
10000. uL

PAXgene™ Tube


NCRAD

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RNA Preparation (2.5ml PAXgene™ Tube)

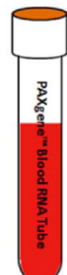


Step One



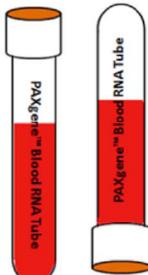
- Store tubes at room temperature.
- Label tubes with pre-printed labels prior to blood draw.

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.



NCRAD

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CSF Collection and Processing

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



NCRAD

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CSF Collection and Processing

Prior to CSF Collection:


1. Print CSF Sample and Shipment Notification Form.
1. Label all tubes accordingly.



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CSF Sample and Shipment Notification Form
Please email or fax the form on or prior to the date of shipment



General Information:

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

From: _____ Date: _____ [MM/DD/YYYY]
 Phone: _____ Email: _____
 Tracking #: _____

NAPS2 Participant Study Information:

NAPS2 ID: _____ GUID ID: _____
 Sex (circle one): Male Female Year of Birth: _____
 Select one: Case Control

Visit Information:

CSF Collected? Yes No KIR Barcode

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

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

Collection Process: Gravity Method Aspiration
(If aspiration method is used, it must be documented as a protocol violation)

CSF Collection:

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

CSF Processing:


Time Spint Started: 24 hour clock: _____ [HHMM]
 Duration of Centrifuge: _____ minutes
 Temperature of Centrifuge: _____ °C Rate of Centrifuge: _____ xg
 Total Amount of CSF Collected: _____ mL
 Time Aliquoted: _____ [HHMM]
 Number of 0.5 mL CSF aliquots created (green cap): _____ x 0.5mL
 Number of 1.0 mL CSF aliquots created (orange cap): _____ x 1.0mL
 If applicable, volume of residual CSF aliquot (blue cap): _____ mL
 If applicable, specimen number of residual CSF aliquot: _____
 Time Frozen: _____ [HHMM] Storage Temperature of Freezer: _____ °C

Notes: _____

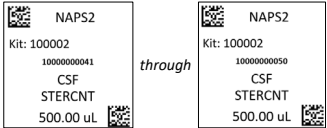
Ver: 02.2024

CSF Draw Labels


Collection & Aliquot Tube Labels - CSF




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




10 x Green-Cap Cryovials. Use the 10 labels with:
Specimen Type = CSF
Volume = 500 uL



25 x Orange-Cap Cryovials. Use the 25 labels with the lowest specimen barcode numbers and:
Specimen Type = CSF
Volume = 1000 uL



1 x Blue-Cap Cryovial. Use the label with the highest specimen barcode number and:
Specimen Type = CSF
Volume = 1000 uL



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NAPS CONSORTIUM
For REM Sleep Behavior Disorder

CSF Sample and Shipment Notification Form
Please email or fax the form on or prior to the date of shipment

NCRAD

To: Kelley Faber Email: alststudy@iu.edu Phone: 1-800-526-2838

General Information:
From: Coordinator Name Date: 05/08/2024 [MM/DD/YYYY]
Phone: 111-111-1111 Email: CoordinatorEmail@email.com
Tracking #: _____

NAPS2 Participant Study Information:
NAPS2 ID: NAPS2-00000 GUID ID: NDAR0000000
Sex (circle one): Male Female
Year of Birth: 1900
Select one: Case Control

Visit Information:
CSF Collected? Yes No
Gauge needle used for LP (circle one): 22G 24 G
Visit (circle one): Cycle 1 Cycle 2 Cycle 3 Cycle 4 Cycle 5 Cycle 6 Cycle 7 Cycle 8
Collection Process: Gravity Method Aspiration
(If aspiration method is used, it must be documented as a protocol violation)

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

CSF Processing:
Time Spint Started: 24 hour clock: _____ [HHMM]
Duration of Centrifuge: _____ minutes
Temperature of Centrifuge: _____ °C Rate of Centrifuge: _____ xg
Total Amount of CSF Collected: _____ mL
Time Aliquoted: _____ [HHMM]
Number of 0.5 mL CSF aliquots created (green cap): _____ x 0.5mL
Number of 1.0 mL CSF aliquots created (orange cap): _____ x 1.0mL
If applicable, volume of residual CSF aliquot (blue cap): _____ mL
If applicable, specimen number of residual CSF aliquot: _____
Time Frozen: _____ [HHMM] Storage Temperature of Freezer: _____ °C
Notes: _____

Ver: 02.2024

CSF Draw Labels

Collection & Aliquot Tube Labels - CSF

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

through

10 x Green-Cap Cryovials. Use the 10 labels with:
Specimen Type = CSF
Volume = 500 uL

through

25 x Orange-Cap Cryovials. Use the 25 labels with the lowest specimen barcode numbers and:
Specimen Type = CSF
Volume = 1000 uL

1 x Blue-Cap Cryovial. Use the label with the highest specimen barcode number and:
Specimen Type = CSF
Volume = 1000 uL

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

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CSF Preparation (20-30 ml)

Step One

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

Step Two

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

Step Three

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

Step Four

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

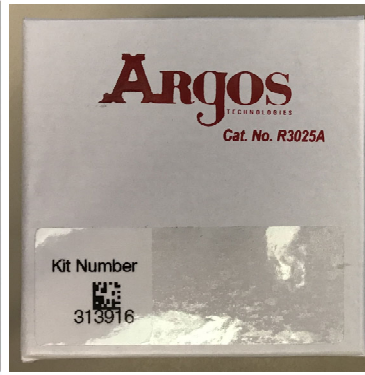
Step Five

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

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CSF Collection and Processing



CSF Aliquot tube for local lab (label not provided)



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NAPS CONSORTIUM **CSF Sample and Shipment Notification Form** **NCRAD**
Please email or fax the form on or prior to the date of shipment

To: Kellee Faber Email: alizstudy@iu.edu Phone: 1-800-526-2839

General Information:
 From: Coordinator Name Date: 05/08/2024 [MM/DD/YYYY]
 Phone: 111-111-1111 Email: CoordinatorEmail@email.com

Tracking #: _____

NAPS2 Participant Study Information:
 NAPS2 ID: NAPS2-00000 GUID ID: NDAR0000000
 Sex (circle one): Male Female Year of Birth: 1900

Select one: Case Control

Visit Information:
 CSF Collected? Yes No
 Gauge needle used for LP (circle one): 22G 24 G
 Visit (circle one): Cycle 1 Cycle 2 Cycle 3 Cycle 4 Cycle 5 Cycle 6 Cycle 7 Cycle 8
 Collection Process: Gravity Method Aspiration
(If aspiration method is used, it must be documented as a protocol violation)

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

CSF Processing:
 Time Spint Started: 24 hour clock: 0925 [HHMM]
 Duration of Centrifuge: 10 minutes
 Temperature of Centrifuge: 4 °C Rate of Centrifuge: 2000 xg
 Total Amount of CSF Collected: 30 mL
 Time Aliquoted: 0935 [HHMM]
 Number of 0.5 mL CSF aliquots created (green cap): 10 x 0.5mL
 Number of 1.0 mL CSF aliquots created (orange cap): 25 x 1.0mL
 If applicable, volume of residual CSF aliquot (blue cap): _____ mL
 If applicable, specimen number of residual CSF aliquot: _____
 Time Frozen: 0945 [HHMM] Storage Temperature of Freezer: -80 °C

Notes:

Ver: 02/2024

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



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Sample Shipping

NCRAD

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Frozen Shipping: Guidelines

• Ship Monday-Wednesday Only

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



Large Frozen Shipper:

** 45 lbs of dry ice pellets

AND

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



Small Frozen Shipper:

**10 lbs of dry ice pellets

AND

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

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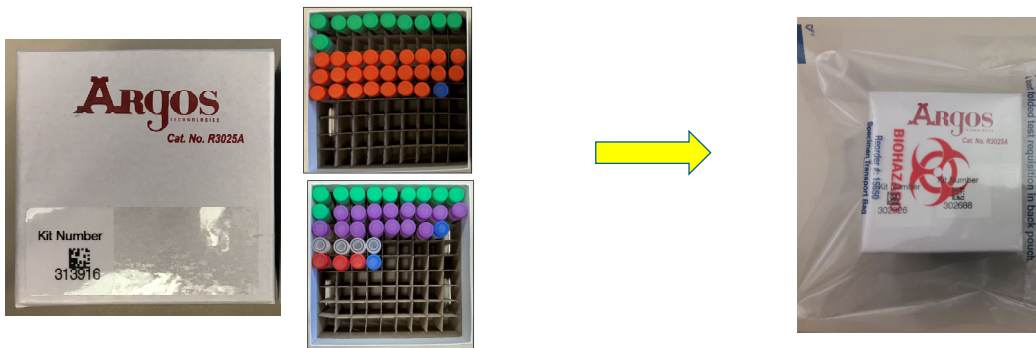
Sample Shipment Summary

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

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

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Frozen Shipping: Cryoboxes



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


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




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Frozen Shipping: Dry Ice Requirements

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



Large Frozen Shipper:
 ** 45 lbs of dry ice pellets
AND
 Fits up to 4 x 81-cell cryoboxes **AND** 4 x 2.5ml PAXgene™ tubes.



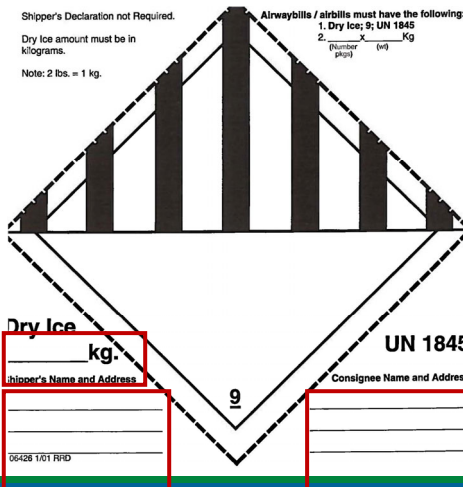
Small Frozen Shipper:
 ** 10 lbs of dry ice pellets
AND
 Fits up to 2 x 81-cell cryoboxes **AND** 2 x 2.5ml PAXgene™ tubes.



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Frozen Shipping: Dry Ice Requirements

Class 9 Dry Ice label should not be covered with other stickers and must be completed, or the shipping carrier will reject/return your package!



Net weight of dry ice in **kg**

Your name & address

Repository name & address:

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



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Shipping Frozen Samples

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

NCRAD

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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

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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	



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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>



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Frozen Shipping: FedEx Airbill

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

Your name, address, and phone

The image shows a FedEx Express US Airbill form. Key handwritten information includes: Sender's Name: NCRAD; Recipient's Name: IU School of Medicine; Address: 351 W. 10th St, TK 342, Indianapolis, IN 46202; Phone: 800.926.2939. The form is annotated with red boxes and arrows. One box highlights the 'From' section (Sender's Name, Address, City, State, ZIP). Another box highlights the 'Does this shipment contain dangerous goods?' section, where 'Dry Ice' is checked with a '1' in the quantity field. A third box highlights the 'Payment' section, where 'Third Party' is checked. Red arrows point from text labels on the right to these specific areas.

Dangerous goods info for dry ice shipments

Net weight of dry ice in kg

FedEx Account Number (will be prefilled)



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

Biological Sample and Shipment Notification Forms

- A copy of the sample form *must* be emailed to NCRAD prior to the date of sample arrival.
- Please include sample forms in all shipments of frozen samples.
- Email: alzstudy@iu.edu



Biological Sample and Shipment Notification Forms



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Biological Sample and Shipment Notification Form: Blood

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

NPS CONSORTIUM **Biological Sample and Shipment Notification Form** **NCRAD**
For REM Sleep Behavior Disorder *Please email or fax the form on or prior to the date of shipment*

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

General Information:
 From: _____ Date: _____ Kit Barcode: _____
 Phone: _____ Email: _____
 NAPS2 ID: _____ GUID ID: _____
 Sex: M F Year of Birth: _____
 Visit (circle one): Cycle 1 Cycle 2 Cycle 3 Cycle 4 Cycle 5 Cycle 6 Cycle 7 Cycle 8
 Select one: Case Control
 Tracking #: _____ CSF Collected? Yes No

Blood Collection: Blood Collected (circle one): Yes No
 1. Date Drawn: _____ (MMDDYYYY) 2. Time of Draw: 24 hour clock: _____ (HHMM)
 3. Date subject last ate: _____ (MMDDYYYY) 4. Last time subject ate: 24 hour clock: _____ (HHMM)

Blood Processing:
RNA (PAXgene Tube)
 Total volume of blood drawn into a 1 x 2.5mL PAXgene RNA tube: _____ mL
 Date PAXgene RNA tube placed in -80°C freezer: _____ (HHMM)
 Time PAXgene RNA tube placed in -80°C freezer: 24 hour clock: _____ (HHMM)

Serum (Red Top Tube)
 Time spin started: 24 hour clock: _____ (HHMM) Duration of centrifuge: _____ minutes
 Temp of centrifuge: _____ °C Rate of centrifuge: _____ x g
 Original volume drawn (1x10mL Serum tube): _____ mL
 Time aliquoted: _____ (HHMM) Number of 1.5mL serum aliquots created: _____ x 1.5mL
 If applicable, volume of residual serum aliquot (less than 1.5 mL) (Blue cap): _____ mL
 If applicable, specimen number of residual serum aliquot (Last four digits): _____
 Time aliquots placed in freezer: 24 hour clock: _____ (HHMM) Storage temperature of freezer: _____ °C

Plasma & Buffy Coat (EDTA (Lavender Top) Tube - 10mL)
 Time spin started: 24 hour clock: _____ (HHMM) Duration of centrifuge: _____ minutes
 Temp of centrifuge: _____ °C Rate of centrifuge: _____ x g
 Original volume drawn (4x10mL EDTA tube): _____ mL
 EDTA #1: _____ mL EDTA #2: _____ mL EDTA #3: _____ mL EDTA #4: _____ mL Total Volume: _____ mL
 Time aliquoted: _____ (HHMM)

Plasma
 Number of 0.5mL plasma aliquots created (green cap): _____ x 0.5mL
 Number of 1.0mL plasma aliquots created (purple cap): _____ x 1.0mL
 If applicable, volume of residual serum aliquot (Blue cap): _____ mL
 If applicable, specimen number of residual plasma aliquot (Last four digits): _____
 Time aliquots placed in freezer: 24 hour clock: _____ (HHMM)

Buffy Coat
 Buffy Coat aliquot #1 (last four digits): _____ Buffy Coat aliquot #2 (last four digits): _____
 Buffy Coat aliquot #1 Volume: _____ mL Buffy Coat aliquot #2 Volume: _____ mL
 Buffy Coat aliquot #3 (last four digits): _____ Buffy Coat aliquot #4 (last four digits): _____
 Buffy Coat aliquot #3 Volume: _____ mL Buffy Coat aliquot #4 Volume: _____ mL
 Time aliquots placed in freezer: 24 hour clock: _____ (HHMM) Storage temperature of freezer: _____ °C

Notes: _____

Ver: 02.2024

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Biological Sample and Shipment Notification Form: CSF

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

NAPS CONSORTIUM For REM Sleep Behavior Disorder | **CSF Sample and Shipment Notification Form** | **NCRAD**

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

To: Kelley Faber | Email: alzstudy@iu.edu | Phone: 1-800-526-2838

General Information:
 From: _____ Date: _____ [MM/DD/YYYY]
 Phone: _____ Email: _____
 Tracking #: _____

NAPS2 Participant Study Information:
 NAPS2 ID: _____ GUID ID: _____
 Sex (circle one): Male Female Year of Birth: _____
 Select one: Case Control

Visit Information:
 CSF Collected? Yes No Kit Barcode
 Gauge needle used for LP (circle one): 22G 24 G
 Visit (circle one): Cycle 1 Cycle 2 Cycle 3 Cycle 4 Cycle 5 Cycle 6 Cycle 7 Cycle 8
 Collection Process: Gravity Method Aspiration
 (If aspiration method is used, it must be documented as a protocol violation)

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

CSF Processing:
 Time Spint Started: 24 hour clock: _____ [HHMM]
 Duration of Centrifuge: _____ minutes
 Temperature of Centrifuge: _____ °C Rate of Centrifuge: _____ xg
 Total Amount of CSF Collected: _____ mL
 Time Aliquoted: _____ [HHMM]
 Number of 0.5 mL CSF aliquots created (green cap): _____ x 0.5mL
 Number of 1.0 mL CSF aliquots created (orange cap): _____ x 1.0mL
 If applicable, volume of residual CSF aliquot (blue cap): _____ mL
 If applicable, specimen number of residual CSF aliquot: _____
 Time Frozen: _____ [HHMM] Storage Temperature of Freezer: _____ °C

Notes: _____

Ver: 02.2024

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NAPS CONSORTIUM For REM Sleep Behavior Disorder | **CSF Sample and Shipment Notification Form** | **NCRAD**

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

To: Kelley Faber | Email: alzstudy@iu.edu | Phone: 1-800-526-2838

General Information:
 From: Coordinator Name Date: 05/08/2024 [MM/DD/YYYY]
 Phone: 111-111-1111 Email: CoordinatorEmail@email.com
 Tracking #: ABCDE123456789

NAPS2 Participant Study Information:
 NAPS2 ID: NAPS2-00000 GUID ID: NDAR0000000
 Sex (circle one): Male **Female** Year of Birth: 1900
 Select one: Case Control

Visit Information:
 CSF Collected? **Yes** No Kit Barcode
 Gauge needle used for LP (circle one): **22G** 24 G
 Visit (circle one): **Cycle 1** Cycle 2 Cycle 3 Cycle 4 Cycle 5 Cycle 6 Cycle 7 Cycle 8
 Collection Process: **Gravity Method** Aspiration
 (If aspiration method is used, it must be documented as a protocol violation)

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

CSF Processing:
 Time Spint Started: 24 hour clock: 0925 [HHMM]
 Duration of Centrifuge: 10 minutes
 Temperature of Centrifuge: 4 °C Rate of Centrifuge: 2000 xg
 Total Amount of CSF Collected: 30 mL
 Time Aliquoted: 0935 [HHMM]
 Number of 0.5 mL CSF aliquots created (green cap): 10 x 0.5mL
 Number of 1.0 mL CSF aliquots created (orange cap): 25 x 1.0mL
 If applicable, volume of residual CSF aliquot (blue cap): _____ mL
 If applicable, specimen number of residual CSF aliquot: _____
 Time Frozen: 0945 [HHMM] Storage Temperature of Freezer: -80 °C

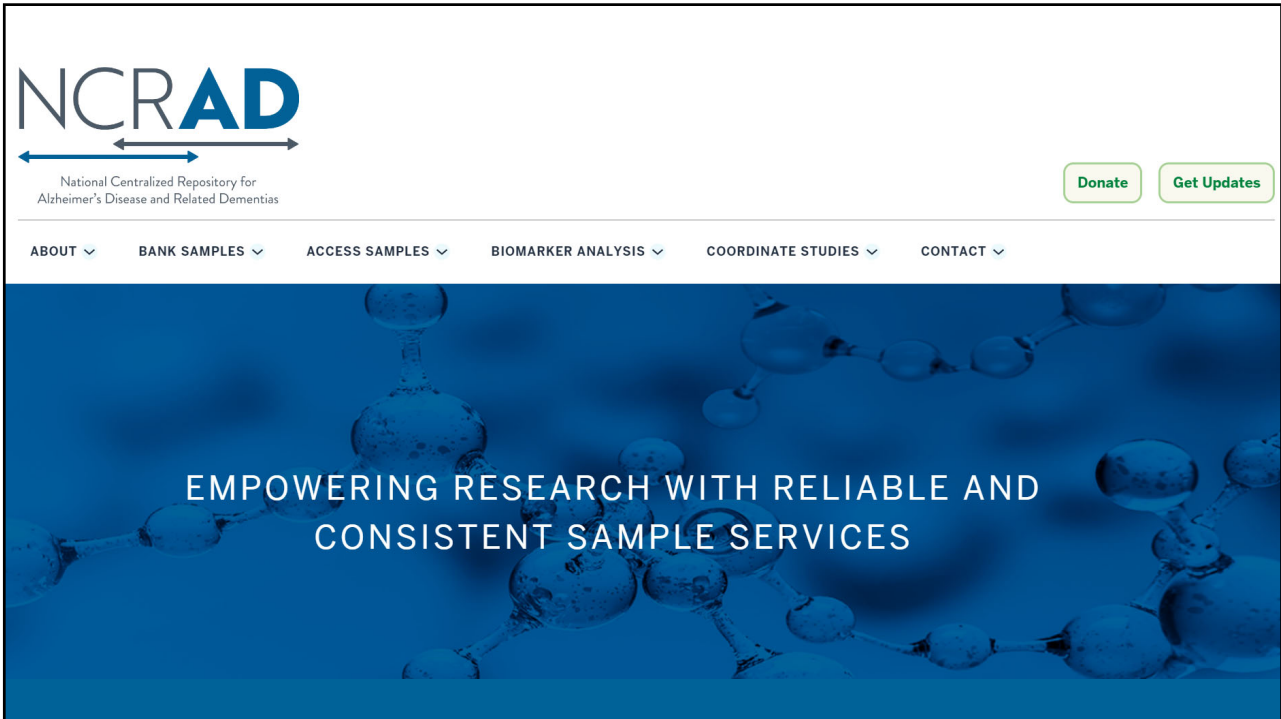
Notes: _____

Ver: 02.2024

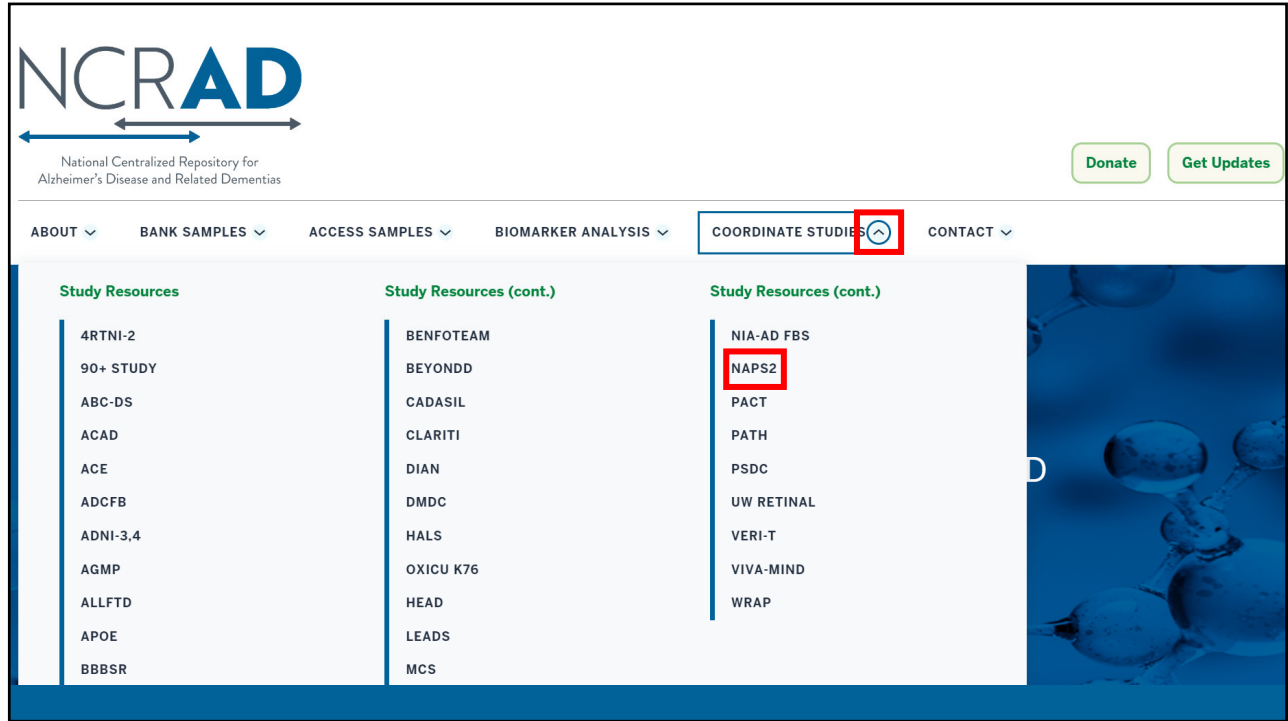
70



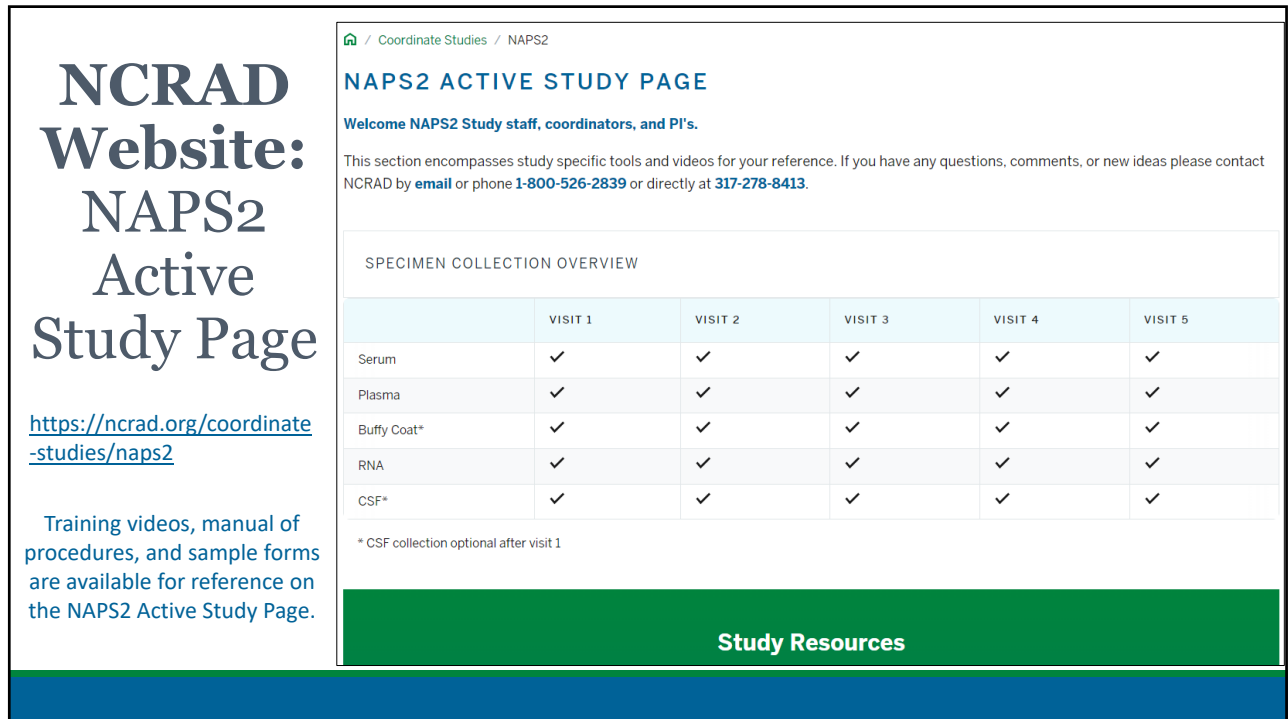
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NCRAD Website: Friday Blood Draws

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

WHAT TO DO FOR FRIDAY BLOOD DRAWS

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

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

SAMPLE TYPE	TUBE TYPE	PRODUCT	SHIPMENT METHOD	FRIDAY DRAW INSTRUCTIONS
Whole Blood	Sodium Heparin	PBMC	Ambient	DO NOT DRAW ON FRIDAY. Must be drawn on Monday – Thursday.
Whole Blood	EDTA Tube	DNA Only	Ambient	Do NOT refrigerate. Please keep sample at room temperature until the specimen can be shipped via next day delivery methods the following Monday.
Whole Blood	EDTA Tube	DNA Only	Frozen	Whole blood in EDTA may be frozen in a -80°C freezer within 5 days of collection and shipped frozen on dry ice to NCRAD to remain within the stability window for DNA extraction.
Whole Blood	ACD Solution A Tube	Lymphoblastoid Cell Lines	Ambient	Do NOT refrigerate. Please keep sample at room temperature until the specimen can be shipped via next day delivery methods the following Monday.
Whole Blood	PAXgene™ Tube	RNA	Frozen	The PAXgene™ Tube must be placed on a wire rack and stored in a -80°C freezer. The sample may then be packaged with dry ice pellets and shipped as the study MOI dictates.
Cerebral Spinal Fluid	Polypropylene Aliquot Tubes	CSF	Frozen	CSF must be processed and aliquoted locally the day of collection. Once aliquoted, samples are stored upright in a -80°C freezer until shipment. The aliquots may then be packed with dry ice pellets and shipped as the study MOI dictates.
	Polypropylene			Plasma must be processed and aliquoted locally the day of collection. Once aliquoted, samples are stored upright in a -20°C freezer before shipment. The

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NCRAD Website: Holiday Closures

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

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HOLIDAY CLOSURES

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

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

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

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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

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