

South Asian Middle Age Risk Tracking for Brain Health Study

COLLECTION AND SHIPMENT TRAINING

Version 1.2



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

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

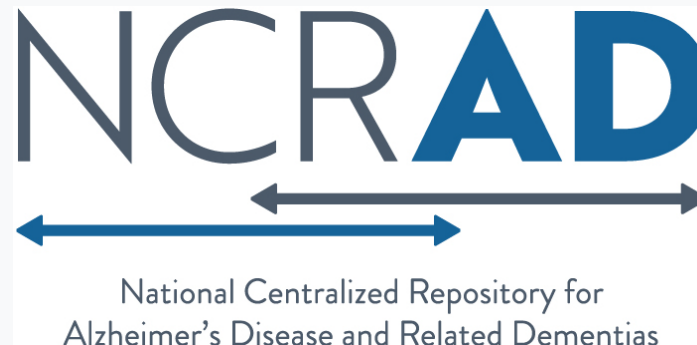
SAMARTH Blood-Based Collection Schedule

	Serum	Plasma	DNA	Whole Blood*
All Visits	X	X	X	X
Ship To:	NCRAD	NCRAD	NCRAD	NCRAD

* Rutgers will keep 2 whole blood aliquots unless participant refuses to share samples.

Kit Request Module

<https://redcap.link/SAMARTH>



SAMARTH Kit Request Module

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

NCRAD

SAMARTH 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

SAMARTH Site

* must provide value

001 - USA: Rutgers Health

ATTN: Yun Cai
Address:
112 Paterson Street, Room 436
New Brunswick, NJ 08901
Email: karen.cai@fh.rutgers.edu

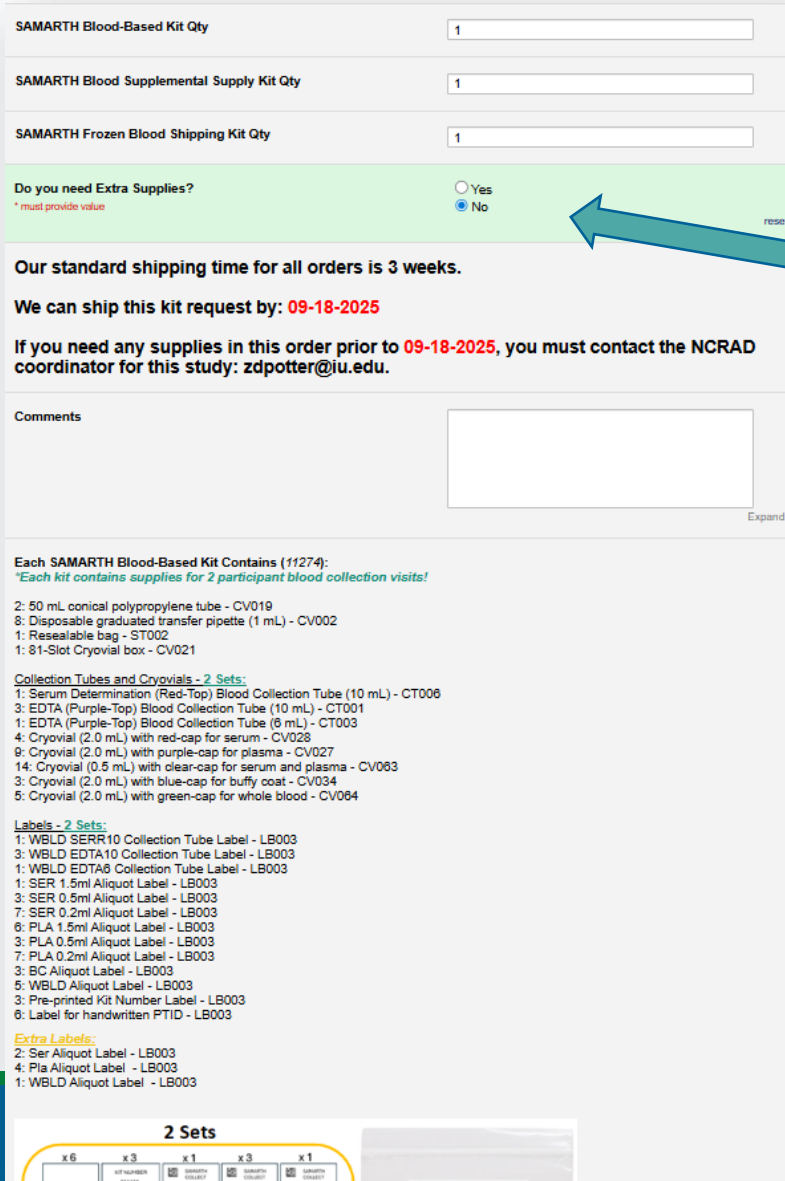
Is the contact name above correct? ☐ Yes ☐ No * must provide value [reset](#)

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

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

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

SAMARTH Kit Request Module



SAMARTH Blood-Based Kit Qty

SAMARTH Blood Supplemental Supply Kit Qty

SAMARTH Frozen Blood Shipping Kit Qty

Do you need Extra Supplies? ☐ Yes ☒ No
* must provide value

Our standard shipping time for all orders is 3 weeks.

We can ship this kit request by: **09-18-2025**

If you need any supplies in this order prior to **09-18-2025**, you must contact the NCRAD coordinator for this study: zdpotter@iu.edu.

Comments

Expand

Each SAMARTH Blood-Based Kit Contains (11274):
**Each kit contains supplies for 2 participant blood collection visits!*

2: 50 mL conical polypropylene tube - CV019
8: Disposable graduated transfer pipette (1 mL) - CV002
1: Resealable bag - ST002
1: 81-Slot Cryovial box - CV021

Collection Tubes and Cryovials - 2 Sets:
1: Serum Determination (Red-Top) Blood Collection Tube (10 mL) - CT006
3: EDTA (Purple-Top) Blood Collection Tube (10 mL) - CT001
1: EDTA (Purple-Top) Blood Collection Tube (6 mL) - CT003
4: Cryovial (2.0 mL) with red-cap for serum - CV028
9: Cryovial (2.0 mL) with purple-cap for plasma - CV027
14: Cryovial (0.5 mL) with clear-cap for serum and plasma - CV063
3: Cryovial (2.0 mL) with blue-cap for buffy coat - CV034
5: Cryovial (2.0 mL) with green-cap for whole blood - CV064

Labels - 2 Sets:
1: WB/LD SERR10 Collection Tube Label - LB003
3: WB/LD EDTA10 Collection Tube Label - LB003
1: WB/LD EDTA6 Collection Tube Label - LB003
1: SER 1.5ml Aliquot Label - LB003
3: SER 0.5ml Aliquot Label - LB003
7: SER 0.2ml Aliquot Label - LB003
6: PLA 1.5ml Aliquot Label - LB003
3: PLA 0.5ml Aliquot Label - LB003
7: PLA 0.2ml Aliquot Label - LB003
3: BC Aliquot Label - LB003
5: WB/LD Aliquot Label - LB003
3: Pre-printed Kit Number Label - LB003
6: Label for handwritten PTID - LB003

Extra Labels:
2: Ser Aliquot Label - LB003
4: Pla Aliquot Label - LB003
1: WB/LD Aliquot Label - LB003

2 Sets

Qty	Item	Qty	Item	Qty
x 6	CT006	x 3	CT001	x 1
x 1	CT003	x 3	CV028	x 1
x 1	CV027	x 1	CV063	x 1
x 1	CV034	x 1	CV064	x 1

- 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**

SAMARTH Kit List

- SAMARTH Blood-Based Supply Kit
 - **Each kit contains supplies for 2 participant blood collection visits!*
- SAMARTH Blood-Based Supplemental Supply Kit
- SAMARTH 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.

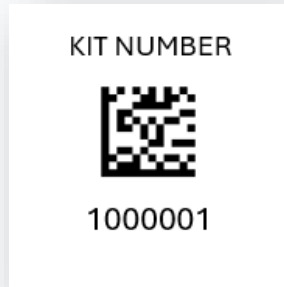
Specimen Labels

Provided by NCRAD

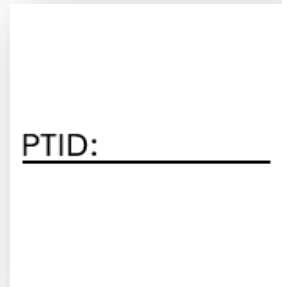


National Centralized Repository for
Alzheimer's Disease and Related Dementias

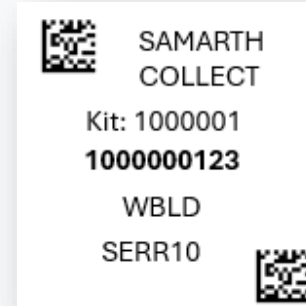
Four Label Types



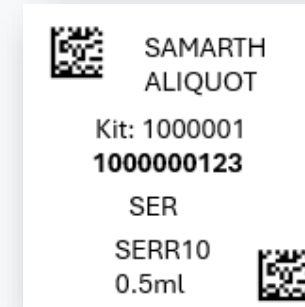
Kit Number
Labels



PTID Labels



Collection Tube
Labels



Aliquot Tube
Labels

Kit Number Labels



- Used to track patient samples and provide quality assurance – Will be placed on the following locations :

1. Old Blood Sample and Shipment Notification Form **IF USED**. The kit number is filled in when completing the online sample form (see below).
2. Lid of cryobox that houses aliquot tubes during storage and shipment.
3. One extra label provided

Confidential

Page 1

SAMARTH Shipping Form

SAMARTH Specimen Collection And Processing Form

NCRAD Email: alzstudy@iu.edu | NCRAD Phone: 1-800-526-2839

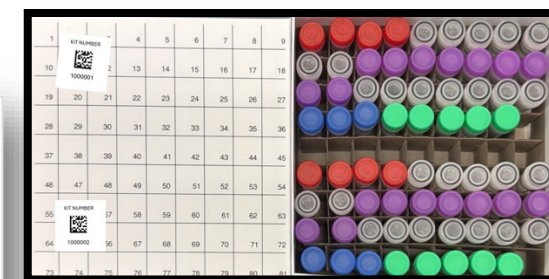
NCRAD SAMARTH Study Coordinator: zdpotter@iu.edu | Phone: 317-278-9086

NCRAD Participant ID: _____

OpenSpecimen DOB: _____

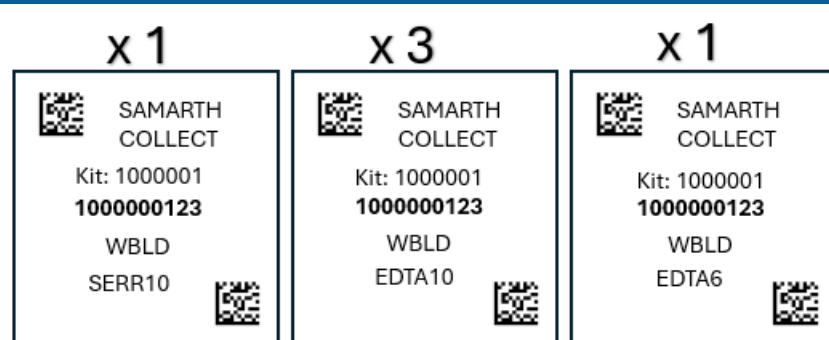
Study: SAMARTH
Participant ID: [subj_id]
Sex: [sex]
Participant Year of Birth: [yob]
Visit: [visit] | **Kit Number: [kit_num]**
Date & Time Participant Last Ate: [ate_date] [ate_time]
Date & Time of Collection: [collect_date] [collect_time]

Serum (Red-Top) Tube (10 mL) x 1
Collected: [serum_yn] # Tubes Collected: [serum_number]

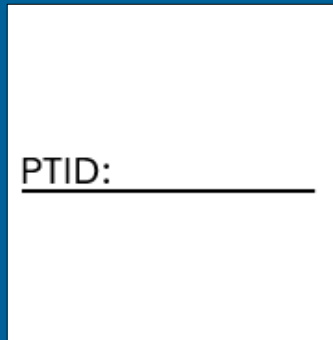


Collection Tube Labels

- 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
 - 1 x Serum Determination (Red-Top) Blood Collection Tube (10 mL)
 - 3 x EDTA (Purple-Top) Blood Collection Tube (10 mL)
 - 1 x EDTA (Purple-Top) Blood Collection Tube (6 mL)



PTID Labels

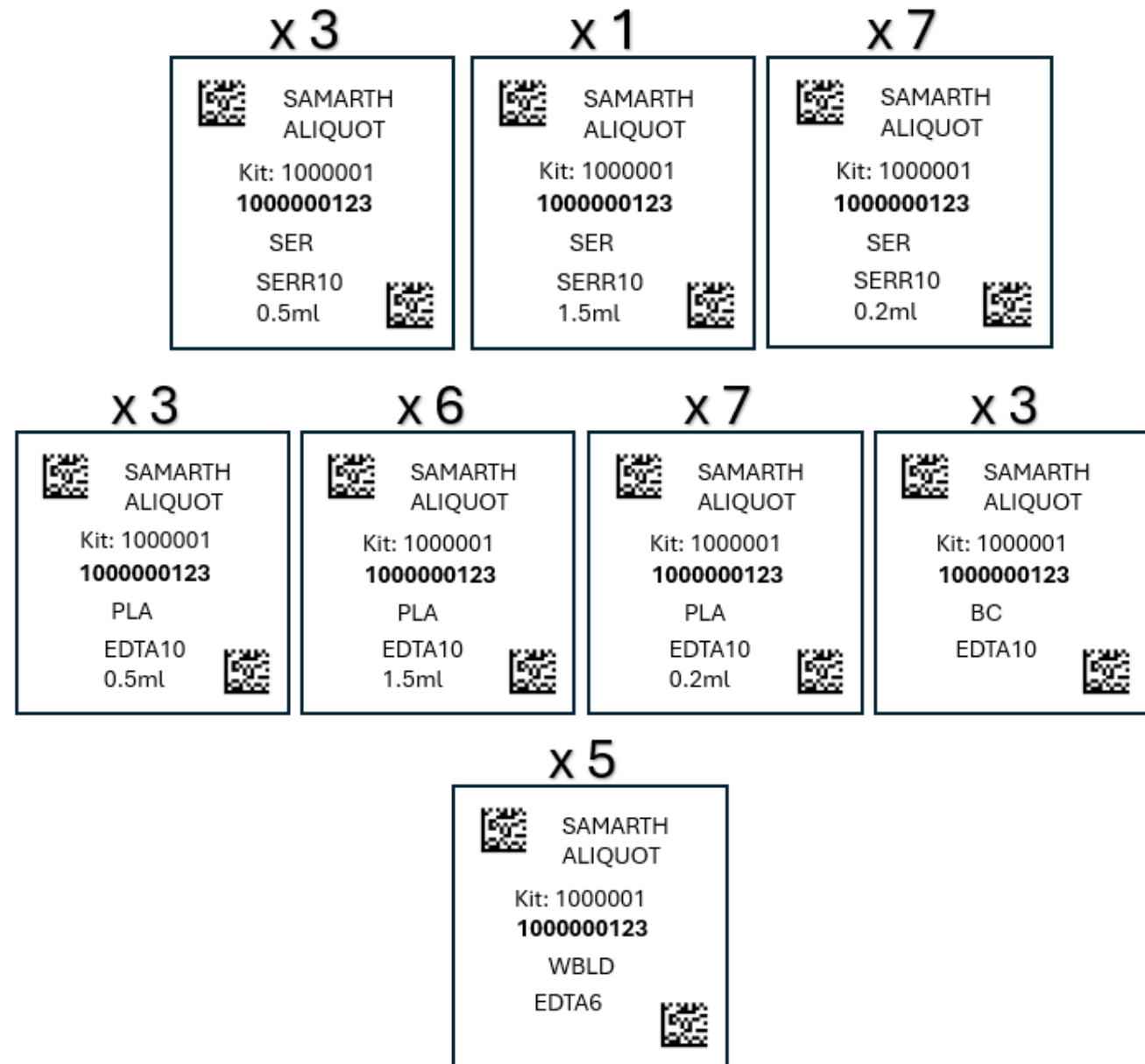


PTID: _____

- 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 :
 - 1 x Serum Determination (Red-Top) Blood Collection Tube (10 mL)
 - 3 x EDTA (Purple-Top) Blood Collection Tube (10 mL)
 - 1 x EDTA (Purple-Top) Blood Collection Tube (6 mL)

Aliquot Tube Labels

- Only one label to be placed on each 0.5 mL and 2.0 mL cryovial
 - Serum**
 - From Red-Top Serum Tube
 - Plasma**
 - From 10 mL EDTA Tube
 - Buffy Coat**
 - From 10 mL EDTA Tube
 - Whole Blood**
 - From 6 mL EDTA Tube



Extra Aliquot Tube Labels

- Only one label to be placed on each cryovial
 - Serum
 - From Red-Top Serum Tube
 - Plasma
 - From 10 mL EDTA Tube
 - Whole Blood
 - From 6 mL EDTA Tube

Extra Labels

x 2	 SAMARTH ALIQUOT Kit: 1000001 1000000123 SER SERR10 
x 4	 SAMARTH ALIQUOT Kit: 1000001 1000000123 PLA EDTA10 
x 1	 SAMARTH ALIQUOT Kit: 1000001 1000000123 WBLD EDTA6 

*Extra aliquot labels are provided in case more serum, plasma, and/or whole blood is yielded from a draw. **Please throw away any extra labels that are not used.***

Blood Collection Tube Labels:

Label 1: Collection Tube Label

 SAMARTH
COLLECT
Kit: 1000001
1000000123
WBLD
SERR10 

Label 2: PTID Label

PTID: _____



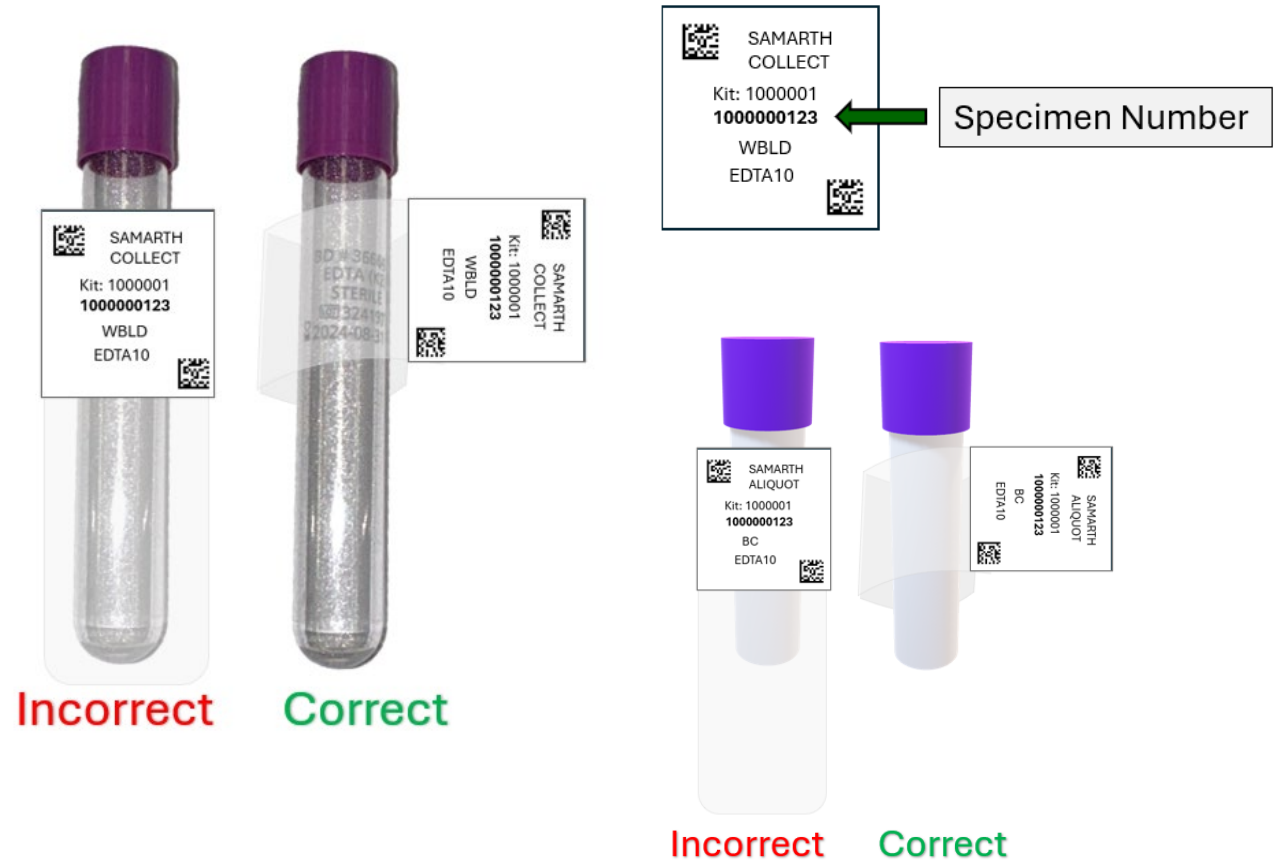
Labeled Serum
Determination (Red-Top)
Blood Collection Tube (10
mL)

Labeled EDTA (Purple-
Top) Blood Collection
Tube (10 mL)

Labeled EDTA (Purple-
Top) Blood Collection
Tube (6 mL)

Labeling Biologic Samples

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



Handling/Processing Study Specimens



National Centralized Repository for
Alzheimer's Disease and Related Dementias

Site Required Equipment

BLOOD COLLECTION/SAFETY EQUIPMENT

- Personal Protective Equipment: lab coat, nitrile/latex gloves, safety glasses
- Tourniquet
- Alcohol Prep Pad
- Gauze Pad
- Bandage
- Butterfly needles and hub
- Microcentrifuge tube rack
- Sharps bin and lid
- Wet Ice Bucket
- Wet Ice
- Pelleted dry ice

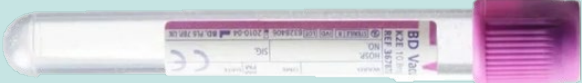
PROCESSING/STORAGE EQUIPMENT

- 1) Centrifuge capable of $\geq 2000 \times g$ with refrigeration to 4°C
- 2) -80°C Freezer
- 3) Wet Ice Bucket



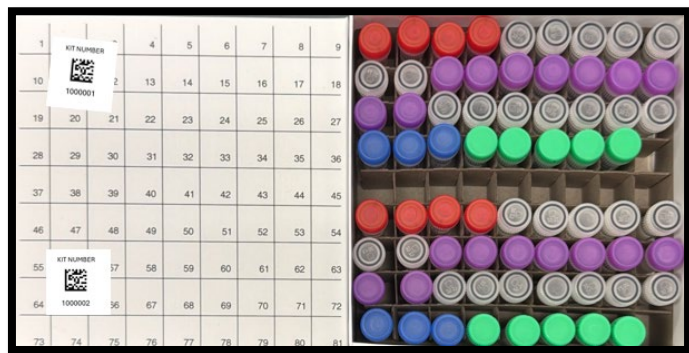
National Centralized Repository for
Alzheimer's Disease and Related Dementias

Blood Draw Order

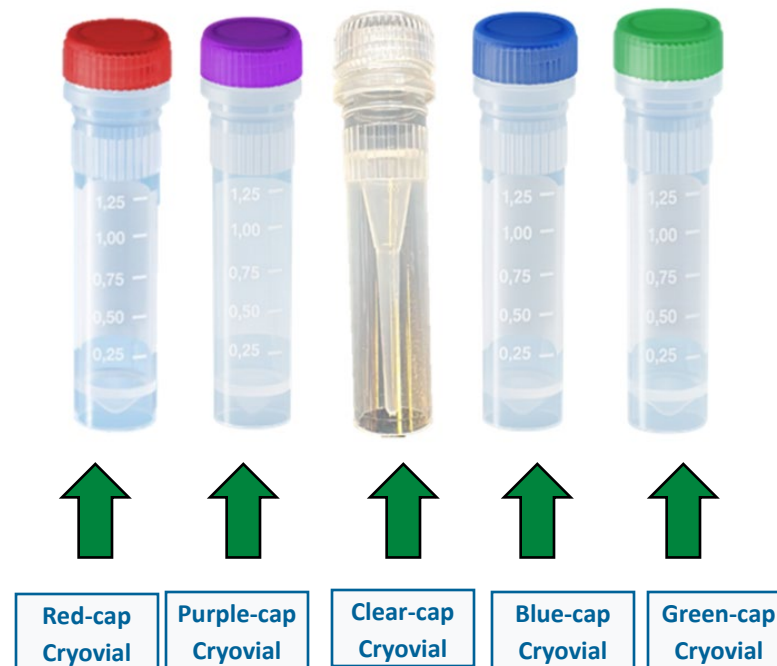
Tube Type	Number of Tubes Drawn	Tube Image
1. Serum Determination (Red-Top) Blood Collection Tube (10 mL)	1	
2. EDTA (Purple-Top) Blood Collection Tube (10 mL)	3	
3. EDTA (Purple) Blood Collection Tube (6 mL)	1	

Aliquot Cap Colors

Cryovial Type	Sample Type
2 mL Red-cap Cryovial	Serum
2 mL Purple-cap Cryovial	Plasma
0.5 mL Clear-cap Cryovial	Serum and Plasma
2 mL Blue-cap Cryovial	Buffy Coat
2 mL Green-cap Cryovial	Whole Blood



81-Slot Cryobox with Serum, Plasma, Buffy Coat, And Whole Blood Aliquots



Serum Collection



81-cell cryobox with 0.5 mL and 2.0 mL cryovials

1 x Serum Determination (Red-Top) Blood Collection Tube (10 mL)

- Create up to 1 x 1500 uL Serum Aliquots in 2.0mL red-cap cryovials, 3 x 500 uL Serum Aliquots in 2.0mL red-cap cryovials, and 7 x 200 uL Serum Aliquots in 0.5mL clear-cap cryovials to NCRAD
 - *Two extra aliquot labels are provided in case more serum is yielded from a draw. Please throw away any extra labels that are not used.*

Serum



RBC, WBC & Platelet Clot



Serum Determination (Red-Top) Blood Collection Tube (10 mL) for Serum x 1

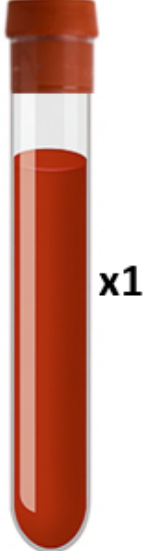


Step 1



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

Step 2



- Collect blood in (1) 10 mL Red-Top tube, allowing blood to flow for 10 seconds and ensure blood flow has stopped.

Step 3



- Immediately after blood draw, invert tube 5 times to mix samples.

Step 4



- Allow blood to clot at room temperature by placing it upright in a vertical position in a tube rack for 30 minutes.

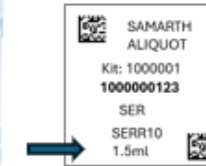
Step 5



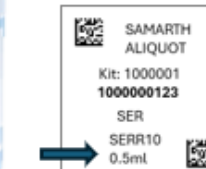
- Within 2 hours of blood draw, centrifuge samples at 2000 x g at 4°C for 10 minutes.



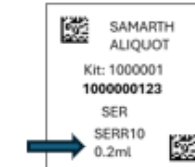
X 1 @ 1500uL



X 3 @ 500uL



X 7 @ 200uL

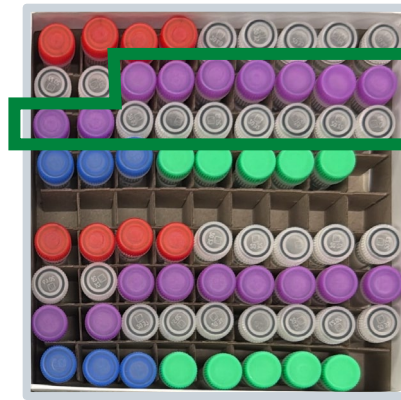


Step 6

- Using a clean pipette, aliquot 1.5mL of serum from collection tube to pre-labeled red-cap 2.0mL serum cryovial.
- Aliquot 0.5mL of serum from collection tube to pre-labeled red-cap 2.0mL serum cryovial.
- Aliquot 0.2mL of serum from collection tube to pre-labeled clear-cap 0.5mL serum cryovials.
- Store serum aliquots upright at -80°C until shipment to NCRAD.

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

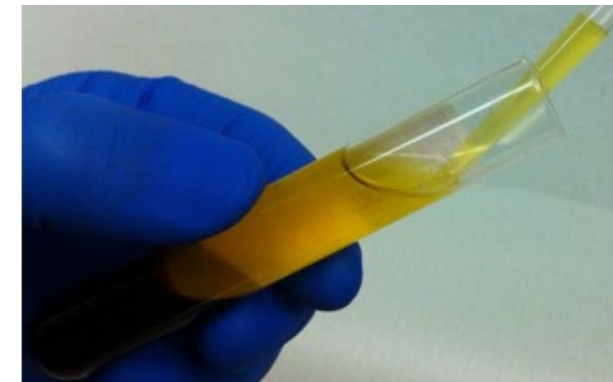
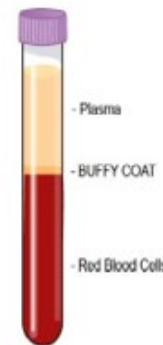
Plasma Collection



81-cell cryobox with 0.5 mL and 2.0 mL cryovials

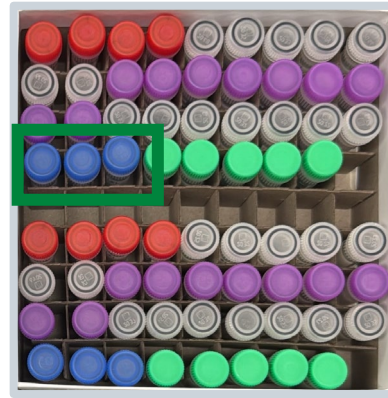
3 x EDTA (Purple-Top) Blood Collection Tube (10 mL)

- Create up to 6 x 1500 uL Plasma Aliquots in 2.0mL purple-cap cryovials, 3 x 500 uL Plasma Aliquots in 2.0mL purple-cap cryovials, and 7 x 200 uL Plasma Aliquots in 0.5mL clear-cap cryovials to ship to NCRAD
- *Four extra aliquot labels are provided in case more plasma is yielded from a draw. Please throw away any extra labels that are not used.*



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

Plasma Collection

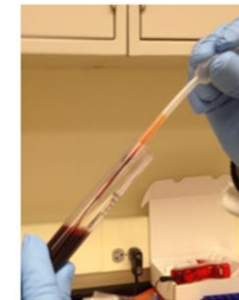
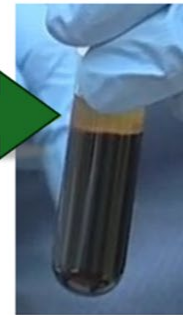


81-cell cryobox with 0.5 mL and 2.0 mL cryovials

3 x EDTA (Purple-Top) Blood Collection Tube (10 mL)

- Create up to 3 x Buffy Coat Aliquots in 2.0 mL blue-cap cryovials to ship to NCRAD
- Expected to have a reddish color from the RBCs.
- Be sure to only place the buffy coat from one EDTA tube into each cryovial

Buffy Coat Layer (mixed with RBCs)



Buffy Coat Aliquot
(Please use blue cryovial)

EDTA (Purple-Top) Blood Collection Tube (10 mL) for Plasma and Buffy Coat x 3



Step 1



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

Step 2



x3

- Collect blood in (3) 10 mL Purple-Top tube, allowing blood to flow for 10 seconds and ensure blood flow has stopped.

Step 3



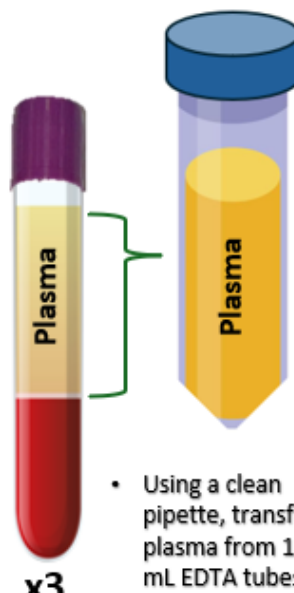
- Immediately after blood draw, invert tube 8-10 times to mix samples.

Step 4



- Immediately after inverting the EDTA tubes, place them on wet ice until centrifugation begins.
- Within 2 hours of blood draw, centrifuge samples at 2000 x g at 4°C for 10 minutes.

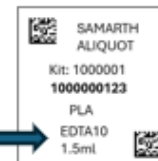
Step 5



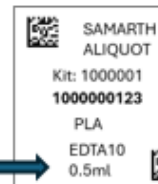
- Using a clean pipette, transfer plasma from 10 mL EDTA tubes into the 50 mL conical tube.
- Mix the plasma by gently inverting the conical tube 3 times.



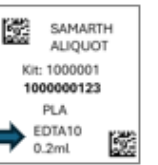
X 6 @ 1500uL



X 3 @ 500uL



X 7 @ 200uL



x3

Step 6

- Using a clean pipette, aliquot 1.5 mL of plasma from collection tube to pre-labeled purple-cap 2.0 mL plasma cryovials.
- Aliquot 0.5 mL of plasma from collection tube to pre-labeled purple-cap 2.0 mL plasma cryovial.
- Aliquot 0.2 mL of plasma from collection tube to pre-labeled clear-cap 0.5 mL plasma cryovials.
- Store plasma aliquots upright at -80°C until shipment to NCRAD.

Step 7

- Using a clean pipette, transfer each buffy coat layer from EDTA tubes to pre-labeled blue-cap buffy coat cryovials (do not pool buffy coats).
- Store buffy coat aliquots upright at -80°C until shipment to NCRAD.

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

Whole Blood Collection



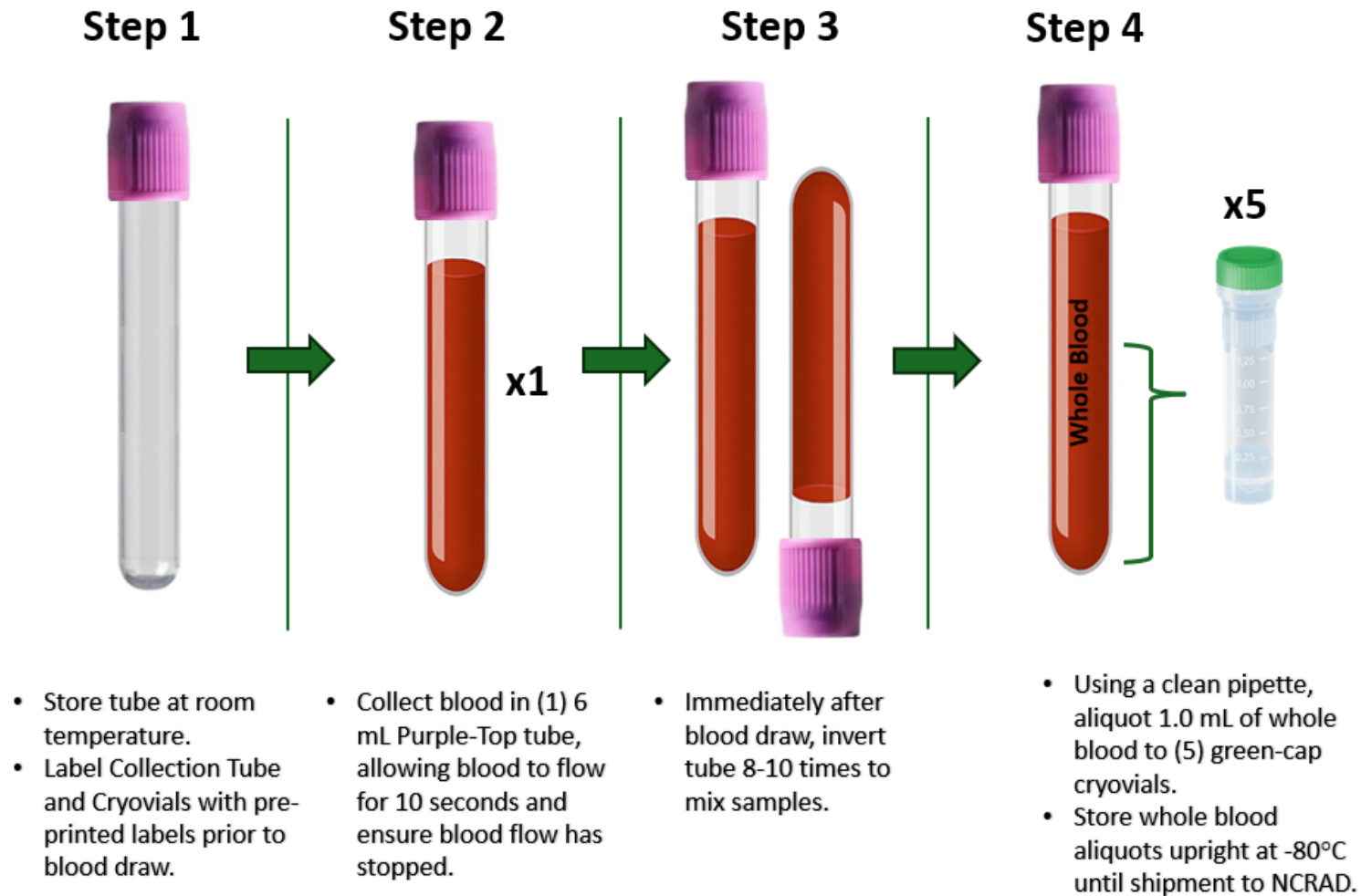
81-cell cryobox with 0.5 mL and 2.0 mL cryovials

1 x EDTA (Purple) Blood Collection Tube (6 mL)

- Create up to (5) 1.0 mL whole blood aliquots in green-cap cryovials
 - *One extra aliquot label is provided in case more whole blood is yielded from a draw. Please throw away any extra labels that are not used.*

*** Rutgers will keep 2 whole blood aliquots unless participant refuses to share samples.**

EDTA (Purple-Top) Blood Collection Tube (6 mL) for Whole Blood x 1



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

Incomplete or Difficult Blood Draws and Redraws



National Centralized Repository for
Alzheimer's Disease and Related Dementias

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 'Appendix B: SAMARTH Specimen Collection and Processing Form' prior to submission to NCRAD.
 - i. Indicate blood draw difficulties in Notes section when completing the online 'Appendix B: SAMARTH Specimen Collection and Processing Form'.
 - ii. Complete the 'Appendix B: SAMARTH Specimen Collection and Processing 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. Inform your team and contact the 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 / Aliquot Volume	# Aliquots Shipped to NCRAD	Ship/Store
Whole blood for isolation of serum*	Serum Determination (Red-Top) Collection Tube (10 mL)	N/A	N/A
	1.5 mL serum aliquot per 2.0 mL cryovial	1	Frozen
	0.5 mL serum aliquot per 2.0 mL cryovial	3	
	0.2 mL serum aliquot per 0.5 mL cryovial	7	
Whole blood for isolation of plasma & buffy coat (for DNA extraction)*	EDTA (Purple-Top) Blood Collection Tube (10 mL)	N/A	N/A
	1.5 mL plasma aliquot per 2.0 mL cryovial	6	Frozen
	0.5 mL plasma aliquot per 2.0 mL cryovial	3	
	0.2 mL plasma aliquot per 0.5 mL cryovial	7	
	~1.0 mL buffy coat aliquot per 2.0 mL cryovial	3	
Whole Blood*	EDTA (Purple-Top) Blood Collection Tube (6 mL)	N/A	N/A
	1.0 mL whole blood aliquot per 2.0 mL cryovial	5*	Frozen

* Rutgers will keep 2 whole blood aliquots unless participant refuses to share samples.

* Seven extra aliquot labels provided if more serum(2), plasma(4), or whole blood(1) if yielded from a draw.

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 Appendix B: SAMARTH Specimen Collection and Processing Form
[REDCap Link to Online Sample Form Submission](#)



Batch shipping should be performed every (3) three months or when specimens from 8 participants accumulate, whichever is sooner.



Large Frozen Shipper:

**** 45 lbs. of dry ice pellets**

AND

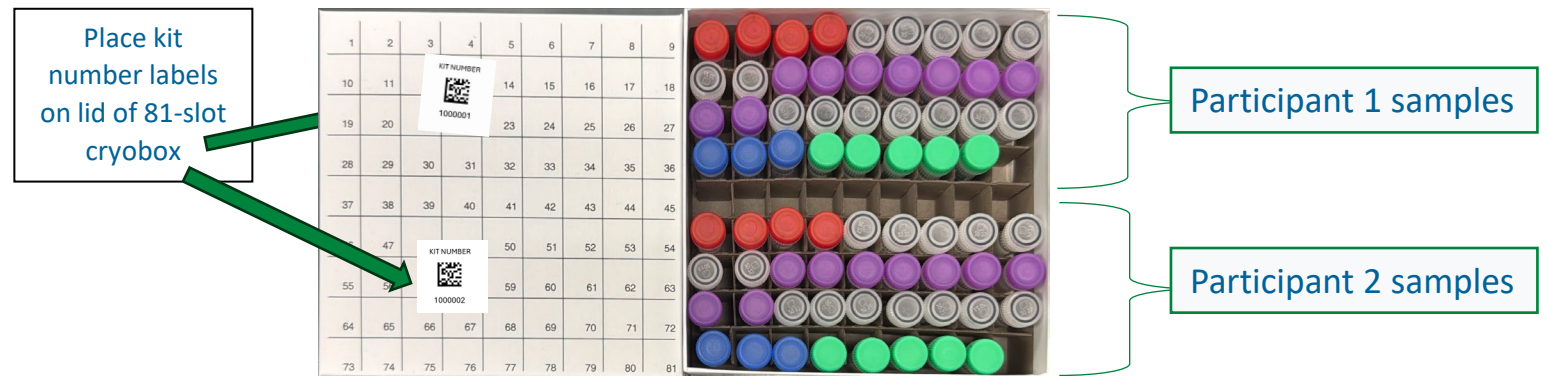
Fits up to 4 x 81-slot cryoboxes

*(2 sets of participant samples per
cryobox = 8 sets of participant
samples per shipper)*

- 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 frozen labeled aliquots of serum, plasma, buffy coat, and whole blood from 2 participant visits in the 81-slot cryobox.
 - It is important to make sure the aliquots are labeled properly and the cryobox lid has a kit number sticker from both participant visits.
- Place cryobox into the large biohazard bag with absorbent sheet.
- Seal biohazard bag according to the instructions on the bag.



Cryobox with serum, plasma, buffy coat, and whole blood aliquots in biohazard bag with absorbent sheet.

Frozen Shipment Packaging

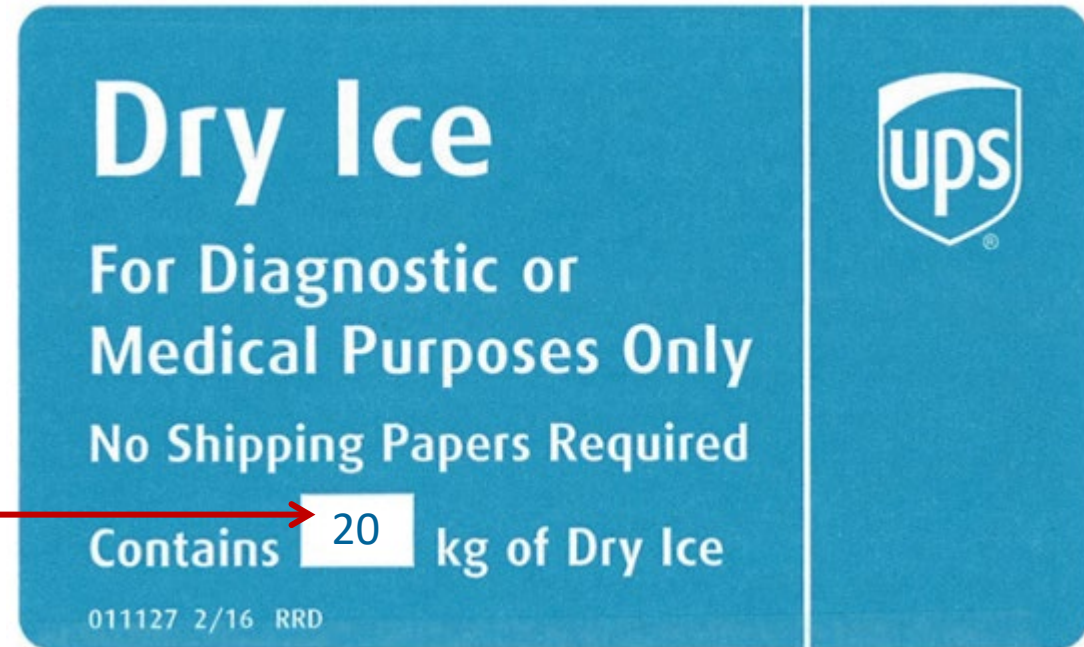
- Place 2-3 inches of dry ice in the bottom of the Styrofoam shipping container, then insert the cryoboxes laying upright.
- Fully cover the cryoboxes with about 2 inches of dry ice in the provided shipper.
- Each Styrofoam shipper must contain about 45 lbs (20 kg) of dry ice.
- Fill shipper to the top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



National Centralized Repository for
Alzheimer's Disease and Related Dementias

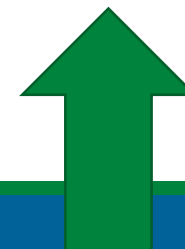
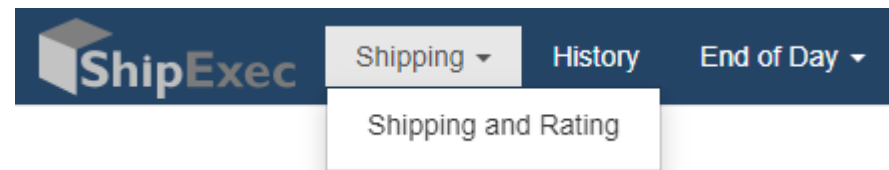
UPS ShipExec™ Thin Client Website



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		▼
Weight		LB ▼
Dry Ice Weight		LB ▼
Description of Return	Biological Specimens	

[Pickup Request](#)

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



Ship From

[Clear](#)

Code

Company

Contact

Address 1

Address 2

Address 3

City

State/Province

Postal Code

Country/Territory

Finding Your Contact Information

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

Select address book

Address Book

Type

RETURNS

Company

Group

SAMENA

Code

Company

Contact

Address 1

Address 2

Address 3

City

State/Province

Postal Code

Country / Territory

Email

Phone or Fax

Account / Tax

Email

✕Clear

QSearch

Action	Code	Company
Select	SAMENA 001	Rutgers Brain Health Institute

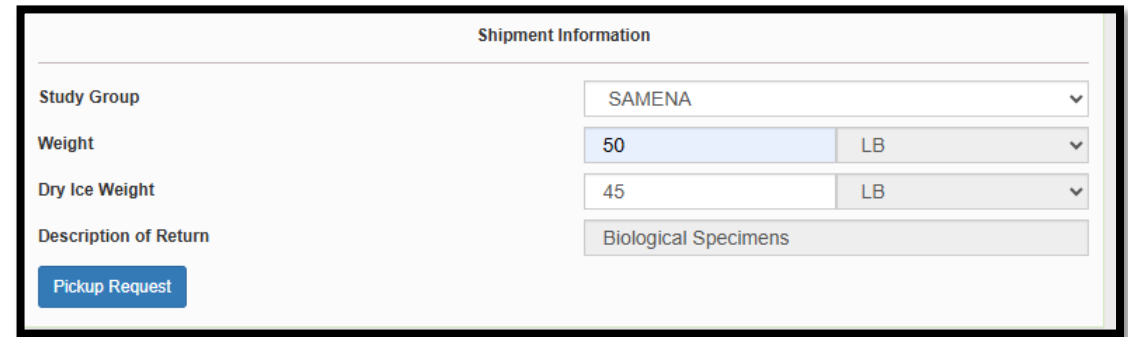
Verify Information

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

Ship From		Shipment Information	
	Clear	Study Group	SAMENA
Code	SAMENA 001	Weight	50 LB
Company	Rutgers Brain Health Institute	Dry Ice Weight	45 LB
Contact	Yun Cai (Karen)	Description of Return	Biological Specimens
Address 1	112 Paterson Street	Pickup Request	
Address 2	Krieger Klein Alzheimer's Research Center		
Address 3			
City	New Brunswick		
State/Province	NJ		
Postal Code	08901-1293		
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)



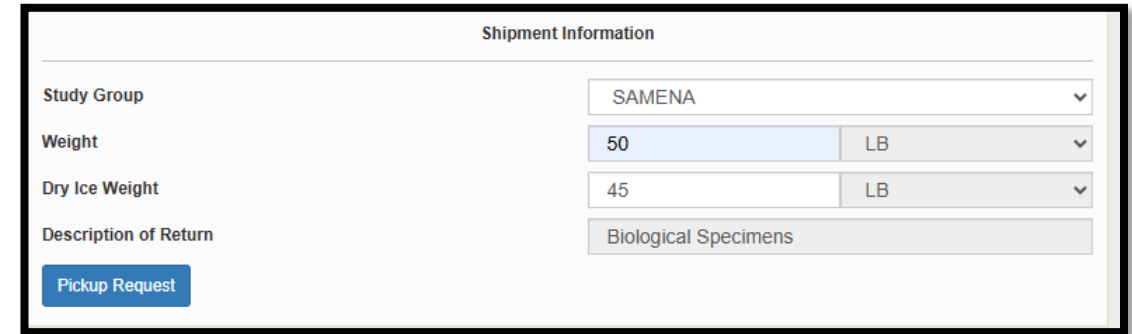
The screenshot shows a web form titled "Shipment Information". It contains four input fields: "Study Group" with a dropdown menu showing "SAMENA"; "Weight" with a text input containing "50" and a unit dropdown showing "LB"; "Dry Ice Weight" with a text input containing "45" and a unit dropdown showing "LB"; and "Description of Return" with a text input containing "Biological Specimens". A blue button labeled "Pickup Request" is located at the bottom left of the form.

Shipment Information	
Study Group	SAMENA
Weight	50 LB
Dry Ice Weight	45 LB
Description of Return	Biological Specimens

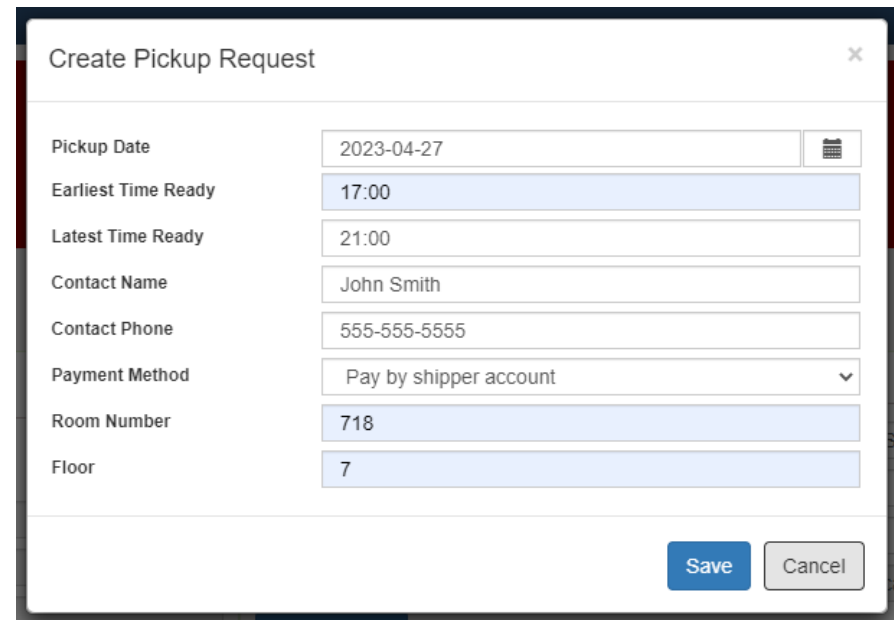
Pickup Request

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



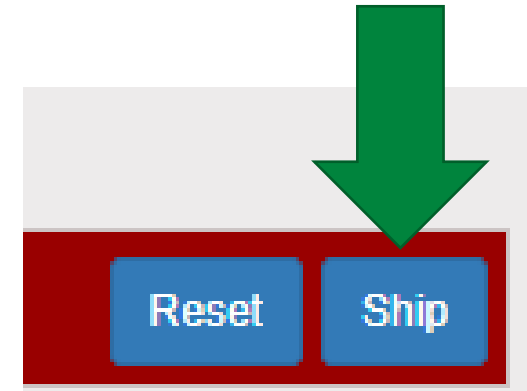
This screenshot shows the 'Shipment Information' form. It includes a 'Study Group' dropdown menu set to 'SAMENA', a 'Weight' field with '50' and a unit dropdown set to 'LB', a 'Dry Ice Weight' field with '45' and a unit dropdown set to 'LB', and a 'Description of Return' text field containing 'Biological Specimens'. A blue 'Pickup Request' button is located at the bottom left of the form.



This screenshot shows the 'Create Pickup Request' form. It includes a 'Pickup Date' field with a calendar icon set to '2023-04-27', an 'Earliest Time Ready' field set to '17:00', a 'Latest Time Ready' field set to '21:00', a 'Contact Name' field set to 'John Smith', a 'Contact Phone' field set to '555-555-5555', a 'Payment Method' dropdown menu set to 'Pay by shipper account', a 'Room Number' field set to '718', and a 'Floor' field set to '7'. At the bottom right, there are 'Save' and 'Cancel' buttons.

Shipping Packages

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



Accessing Airbill

Shipment Receipt

ShipExec™ Shipment Receipt

Transaction Date: Tuesday, December 8, 2020

Address Information

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

Shipment Information

Service: UPS Next Day Air (UPS Adapter)

Package Information

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

- 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

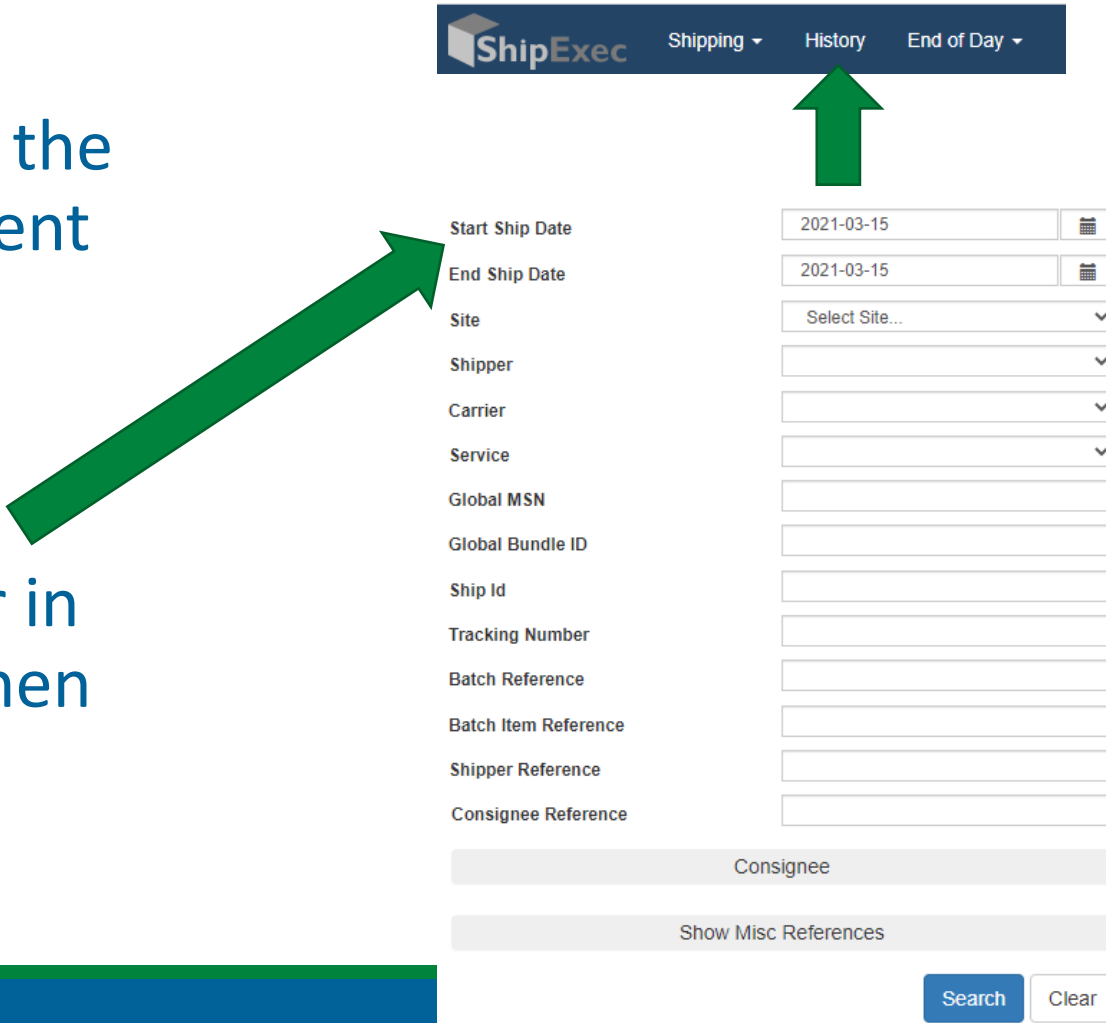
Accessing Airbill

- 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”



ShipExec Shipping History End of Day ▾

Start Ship Date 2021-03-15 

End Ship Date 2021-03-15 

Site Select Site... ▾

Shipper ▾

Carrier ▾

Service ▾

Global MSN

Global Bundle ID

Ship Id

Tracking Number

Batch Reference

Batch Item Reference

Shipper Reference

Consignee Reference

Consignee

Show Misc References

Search Clear

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.*

Appendix B: SAMARTH Specimen Collection and Processing Form

**REDCap Link to Online Sample Form
Submission**



National Centralized Repository for
Alzheimer's Disease and Related Dementias

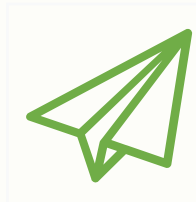
Blood Sample and Shipment Notification Form



Notify NCRAD **IN ADVANCE** of shipment by submitting the NCRAD Specimen Shipment Notification Form online. An email will automatically be sent to alzstudy@iu.edu and zdpotter@iu.edu once the form is submitted.



Please include sample forms in all shipments of frozen sample.



Email: alzstudy@iu.edu

Appendix A: Rate of Centrifuge 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. You can also use online calculators like this one - <https://www.sigmaaldrich.com/CA/en/support/calculators-and-apps/g-force-calculator>

For this, you will need:

RPM

Radius of rotor – Distance from center to middle of bucket

Submitter Information

Name:

Site:

Submitter e-mail:

Centrifuge Information

Please answer the following questions about your centrifuge.

Centrifuge Type

Fixed Angle Rotor: ☐ Swing Bucket Rotor: ☐

Radius of Rotation (mm):

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

Calculating RPM from G-Force:

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

RCF = Relative Centrifugal Force (G-Force)

RPM = Rotational Speed (revolutions per minute)

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

Comments:

Please send this form to NCRAD Study Coordinator

alzstudy@iu.edu

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.

- Effective 9/23/2025, the following digital forms must be used for all submissions:
 - SAMARTH Specimen Collection and Processing Forms
 - Submit online → download and print the PDF → include the physical copy in the batch shipment and attach the PDF in the Shipping Form.
 - This form replaces the previous SAMARTH Sample Forms.
 - Note: If you are unable to access the online submission form during the visit, you may print and complete the old form in the interim. Please ensure the online form is completed as soon as computer access is available.
 - These forms are designed to improve efficiency, enhance tracking, and reduce errors with built-in validation checks.

Appendix B: SAMARTH Specimen Collection and Processing Form

[REDCap Link to Online Sample Form Submission](#)



Complete this form during the participant visit to ensure it is as complete and accurate as possible.

Returning?

AAA

NCRAD



National Centralized Repository for
Alzheimer's Disease and Related Dementias

SAMARTH Specimen Collection And Processing Form

Please complete the Specimen Collection and Processing Form, below.

NCRAD Email: alzstudy@iu.edu | NCRAD Phone: 1-800-526-2839

NCRAD SAMARTH Study Coordinator: zdpotter@iu.edu | Phone: 317-278-9086

Site Information

Name of contact at site

Email address of staff member completing this form

Note: A copy of the completed sample form and the shipping manifests will be sent to this address.

Phone Number of staff member completing this form

Participant Information

SAMARTH Participant ID:

Participant ID format: SAMARTH - ### (without a site ID)

Appendix B: SAMARTH Specimen Collection and Processing Form (Cont.)

REDCap Link to Online Sample Form Submission

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

SAMARTH Specimen Collection And Processing Form
Please complete the Specimen Collection and Processing Form, below.
NCRAD Email: alzstudy@iu.edu | NCRAD Phone: 1-800-526-2839
NCRAD SAMARTH Study Coordinator: zdpotter@iu.edu | Phone: 317-278-9086

Site Information

Name of contact at site:

Email address of staff member completing this form:
Note: A copy of the completed sample form and the shipping manifests will be sent to this address.

Phone Number of staff member completing this form:

Participant Information

SAMARTH Participant ID:
Participant ID format: SAMARTH-#### (without a site ID)

Participant biological sex:

Participant Year of Birth:
4 characters remaining

Visit Information

Visit:

Kit Number:
7 characters remaining

Sample Form Type:

Sample Collection

Date & Time of Sample Collection:

Date & Time Participant Last Ate:

Powered by REDCap - Cookie policy

Once online form is submitted,
download and print the form to
include copy in the batch
shipment.

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

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

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

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

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

Thank you!

Download your survey response (PDF):

Confidential Page 1

SAMARTH Shipping Form

SAMARTH Specimen Collection And Processing Form

NCRAD Email: alzstudy@iu.edu | NCRAD Phone: 1-800-526-2839

NCRAD SAMARTH Study Coordinator: zdpotter@iu.edu | Phone: 317-278-9086

NCRAD Participant ID:

OpenSpecimen DOB:

Study: SAMARTH
Participant ID: [subj_id]
Sex: [sex]
Participant Year of Birth: [yob]
Visit: [visit] | Kit Number: [kit_num]
Date & Time Participant Last Ate: [ate_date] [ate_time]
Date & Time of Collection: [collect_date] [collect_time]

Serum (Red-Top) Tube (10 mL) x 1
Collected: [serum_yn] # Tubes Collected: [serum_number]
Original blood volume drawn: [serum_vol_1]
Number of 1.5 mL serum aliquots created (red cap): [serum_aliquots_1]
Number of 0.5 mL serum aliquots created (red cap): [serum_aliquots_2]
Number of 0.2 mL serum aliquots created (clear cap): [serum_aliquots_3]
Residual Serum? [res_serum_yn]
Residual Serum #: [res_serum_no] Residual Serum Volume: [res_serum_vol]
Serum Notes: [serum_notes]

Plasma & Buffy Coat (Purple-Top) Tubes (10 mL) x 3
Collected: [edta_yn] # Tubes Collected: [edta_number]
Original blood volume of EDTA #1: [edta_vol_1]
Original blood volume of EDTA #2: [edta_vol_2]
Original blood volume of EDTA #3: [edta_vol_3]
Number of 1.5 mL plasma aliquots created (purple cap): [plasma_aliquots_1]
Number of 0.5 mL plasma aliquots created (purple cap): [plasma_aliquots_2]
Number of 0.2 mL plasma aliquots created (clear cap): [plasma_aliquots_3]
Residual Plasma? [res_plasma_yn]
Residual Plasma #: [res_plasma_no] Residual Plasma Volume: [res_plasma_vol]
Number of Buffy Coat Aliquots: [bc_number]
Buffy Coat #1: [bc_no_1] Buffy Coat #1 Volume: [bc_vol_1]
Buffy Coat #2: [bc_no_2] Buffy Coat #2 Volume: [bc_vol_2]
Buffy Coat #3: [bc_no_3] Buffy Coat #3 Volume: [bc_vol_3]
Plasma and Buffy Coat Notes: [plasma_edta_notes]

Whole Blood (Purple-Top) Tube (6 mL) x 1
Collected: [wbld_yn] # Tubes Collected: [wbld_number]
Original blood volume drawn: [wbld_vol]
Number of 1.0 mL whole blood aliquots created (green cap): [wbld_aliquots]
Residual Whole Blood? [res_wbld_yn]
Residual Whole Blood #: [res_wbld_no] Residual Whole Blood Volume: [res_wbld_vol]
Whole Blood Notes: [wbld_notes]
NCRAD Coordinator: Zoë McManus

09/24/2025 12:02pm

projectredcap.org **REDCap**

Old Biological Sample and Shipment Notification Form

NOTE:

If you are unable to access the online submission form, you can print and fill out the old form during the visit. You can then fill out the online form when you have access to a computer.



Appendix B

Participant ID - SAMARTH _____

Blood Sample and Shipment Notification Form

Please email this form prior to the date of shipment.

To: Kelley Faber Email: alzstudy@iu.edu Phone: 1-800-526-2839			
General Information:		UPS tracking #:	
From: _____		Date: _____	
Phone: _____		Email: _____	
Study: SAMARTH		Kit Label	
Sex: M F Year of Birth: _____			
Visit (circle number): BL Y1 Y2			
Blood Collection:			
1.Date Drawn: [MMDDYY]		2.Time of Draw: [HHMM]	
3.Last date subject ate: [MMDDYY]		4.Last time subject ate: [HHMM]	
Blood Processing:			
Serum (Red-Top) Tube (10 mL) x 1		Plasma & Buffy Coat (Purple-Top) Tubes (10 mL) x 3	
Time spin started: [HHMM]	Minutes	Time spin started: [HHMM]	Minutes
Temp of Centrifuge: °C		Temp of Centrifuge: °C	
Rate of centrifuge: x g		Rate of centrifuge: x g	
Time aliquoted: [HHMM]		Time aliquoted: [HHMM]	
Number of 1.5 mL serum aliquots created (red-cap): _____		Number of 1.5 mL plasma aliquots created (purple-cap): _____	
Number of 0.5 mL serum aliquots created (red-cap): _____		Number of 0.5 mL plasma aliquots created (purple-cap): _____	
Number of 0.2 mL serum aliquots created (clear-cap): _____		Number of 0.2 mL plasma aliquots created (clear-cap): _____	
If applicable, volume of residual serum aliquot (less than 0.2 mL in clear cap): _____ mL		If applicable, volume of residual plasma aliquot (less than 0.2 mL in clear cap): _____ mL	
If applicable, specimen number of residual serum aliquot (last four digits): _____		If applicable, specimen number of residual plasma aliquot (last four digits): _____	
Original blood volume drawn (1 x 10 mL Serum collection tube): _____ mL		Original blood volume drawn (3 x 10 mL EDTA collection tube): _____ mL	EDTA #1: _____ mL EDTA #2: _____ mL EDTA #3: _____ mL
Time aliquots placed in freezer: [HHMM]		Buffy coat aliquot specimen numbers (last four digits): _____	Buffy Coat #1: _____ Buffy Coat #3: _____
Storage temperature in freezer: °C			
Whole Blood (Purple-Top) Tube (6 mL) x 1		Buffy coat volumes (~1.0 mL in blue-cap):	
Time aliquoted: [HHMM]		Time aliquots placed in freezer: [HHMM]	Buffy Coat #1: _____ mL Buffy Coat #3: _____ mL
Number of 1.0 mL whole blood ali- _____		Storage temperature in freezer: _____ °C	
If applicable, volume (less than 1.0 mL) and specimen number of residual (last four digits): _____			
Original blood volume drawn (1 x 6 mL _____ mL			
Time aliquots placed in freezer: [HHMM]			
Storage temperature in freezer: °C			
Notes:			
E.g., hemolysis, blood is coagulated, issues with blood collection - please specify, etc.			

Version (8.2025)

Place kit
number label on
the sample form

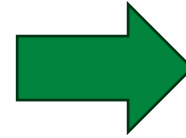
Noncomformance Issues



National Centralized Repository for
Alzheimer's Disease and Related Dementias

Nonconformance Issues

Sample aliquots and collection tubes frozen at an angle/inverted



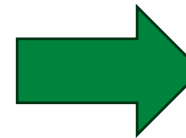
Recommendation:

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



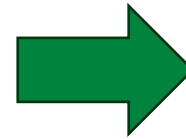
Recommendation: Complete Sample Notification forms during the participant study visit as samples are processed.

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

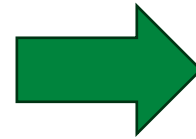


Recommendation:

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

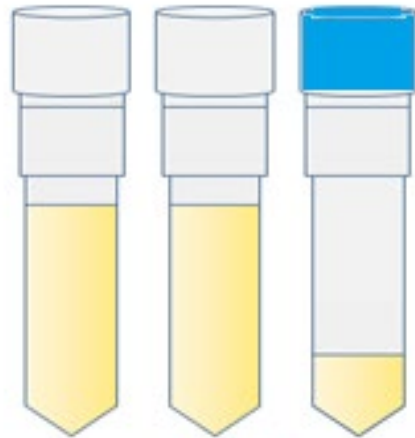
Nonconformance Issues

Multiple low volume aliquots

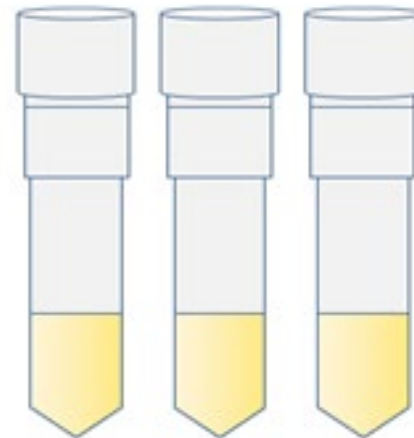


Recommendation:

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
National Centralized Repository for
Alzheimer's Disease and Related Dementias

National Centralized Repository for
Alzheimer's Disease and Related Dementias

Get Updates

ABOUT ▾ BANK SAMPLES ▾ ACCESS SAMPLES ▾ BIOMARKER ANALYSIS ▾ COORDINATE STUDIES ▾ GENETICS & FAMILIES ▾ CONTACT ▾

CONTACT

Friday Blood Draws

Holiday Closures

Shipping Resources

[Home](#) / [Contact](#) / [Holiday Closures](#)

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
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, 9am-5pm.

[Home](#) / [Contact](#) / [Shipping Resources](#)

SHIPPING RESOURCES

Shipping Address

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

UPS Shipping Resources

To generate air waybills and schedule UPS pickups for shipments to NCRAD, please visit the UPS Shipment

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

Navigating UPS ShipExec™



NCRAD - Holiday Closures

NCRAD - Shipping Address



NCRAD

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

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