

Residual CSF aliquot samples (samples left-over from initial analysis) from ADNIGO and ADNI2 study subjects

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ADNI Biomarker Core at UPenn

Summary

The accompanying .csv file (“ADNIGO plus 2 residual CSF aliquot list”) is a listing of the residual CSF aliquot samples, obtained from ADNIGO and ADNI2 study subjects, that remain following analyses of CSF A β ₁₋₄₂, t-tau and p-tau₁₈₁ by the AlzBio3 immunoassay system in the ADNI Biomarker Core Laboratory. These samples will be available for future add-on studies following review and approval by the Resource Allocation Review Committee (RARC) and the NIA. Included in this listing is the remaining volume in each of the original aliquot cryovials and other pertinent information such as the ADNI study id number and the unique id number assigned to each aliquot upon storage in one of the ADNI Biobank -80 °C freezers at UPenn.

All CSF samples were collected during lumbar puncture (LP) at the ADNI sites in large tubes with volumes ranging from 1 up to 25 ml. These tubes are frozen and shipped to the Biomarker Core at UPenn where they are thawed and aliquoted into 0.5 mL cryotubes. At the time of analysis at the Biomarker Core at U Penn these 0.5 mL aliquot samples were thawed, mixed, and analyzed for A β ₁₋₄₂, t-tau and p-tau₁₈₁. The residual CSF in the tubes were then re-frozen. Therefore, it should be emphasized that each of the 1,516 residual aliquot samples with 0.35 mL or larger volume has undergone one additional thaw/freeze cycle. Each of these original “pristine” aliquot samples was thawed on the day of analysis followed by re-freezing within 90 minutes of thawing. The 145 residual aliquot samples that have a volume of 0.2 mL or less had undergone two additional thaw/freeze cycles. These residual aliquot samples had undergone a second round of testing due to a run failure that occurred during the initial testing. This second round of testing required the additional thaw/freeze cycle. These residual CSF aliquot samples are an additional resource for future biomarker studies following review and approval by the RARC and the NIA.

About The Authors

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