



Late Effects of TBI (LETBI) – IU Site

BIOSPECIMEN COLLECTION & PROCESSING

Specimen Uniformity and Quality

GENERAL REMINDERS

Specimen Uniformity and Quality

Most biomarkers are sensitive to *time* and *temperature*

- Standardization of processing across sites is key
- Reference the *BioSEND Specimen Collection, Processing, and Shipment Manual* as needed
- Do not replace or supplement any kit components without first receiving approval from BioSEND/NINDS

Site Equipment

Sites will need to supply the following items:

Phlebotomy

- Gloves
- Alcohol wipes
- Butterfly needles
- Tourniquet
- Gauze pads
- Bandages
- Sharps bin and lid



Collection Protocol

Visit & Sample Type	V0	V1	V2	V3	V4
10ml EDTA	2	2	2	2	2


*Tubes will be sent to IUGB lab and processed into plasma and buffy coat aliquots


Kit Ordering – Biosend.org

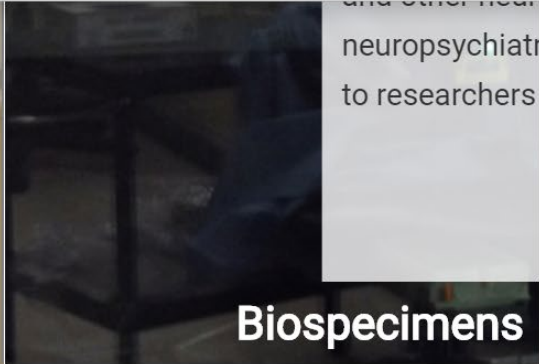
NINDS BioSEND

[Accessing Biospecimens](#)[Banking Samples](#)[Active Studies](#)[About BioSEND](#)

AJPDP Study Resources	MBPS Study Resources	SPARX3 Study Resources
CHANGE-HD Study Resources	PBS Study Resources	Udall Study Resources
DLB Study Resources	PHD3 Study Resources	Holiday Closures
DVRP Study Resources	PSP Study Resources	Shipping Information
EpiBioS4Rx Study Resources	SBPD Study Resources	Sample Shipment Form
LBD Study Resources	CRC-SCA Study Resources	
LETBI Study Resources	READISCA Study Resources	

**About BioSEND**

**Banking Samples**

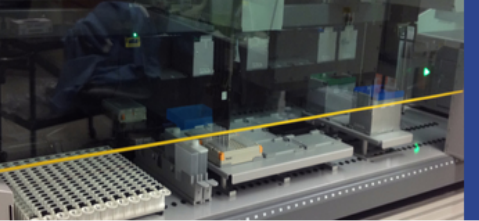
**Biospecimens**

Kit Ordering

Direct link to kit ordering system:

<http://kits.iu.edu/biosend/letbi/>

The Late Effects of TBI (LETBI)



Welcome LETBI Study staff, coordinators, and PI's. This section encompasses study specific tools and resources for your reference. If you have any questions, comments, or new ideas please contact biosend@iu.edu or by phone directly at (317)278-0594.

Specimen Table

Cohort	Population	Genomic DNA	Plasma
LETBI	Patients who have experienced a traumatic brain injury	✓	✓

Study Resources

Kit Request Module

Please follow the below link to access the LETBI 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. Please allow a total of two weeks for kit requests to be compiled and delivered to your site.

[LETBI Kit Request System](#)

Downloads

- [Sample Shipment Form \(pdf\)](#)
- [LETBI Manual of Procedures](#)
- [LETBI Training Slides](#)

Additional Resources

- [Online Sample Form](#)

Contact Us

biosend@iu.edu
317-278-0594

Confirm Site Info

Confirm site information:

- Contact name
- Email

Indiana University	
Carolyn Dunifon Indiana University School of Medicine 351 West 10th Street TK-217 Indianapolis, IN 46202 (317) 274-5751 biosend@iu.edu	
Is the contact name above correct? <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No reset
Is the shipping address above correct? <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No reset
Is the e-mail address above correct? <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No reset

Kit Contents and Ordering

Study Site <small>* must provide value</small>	Indiana University	Select your site from the drop-down list
Indiana University School of Medicine Carolyn Dunifon Dept. of Medical & Molecular Genetics 351 West 10th Street, TK-318 Indianapolis, IN 46202-3002 (317) 274-5751 cdunifon@iu.edu		
Is the contact name above correct? <small>* must provide value</small>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Verify contact information and update if needed
	reset	
New Contact Name <small>* must provide value</small>	Claire Wegel	
Is the shipping address above correct? <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No	reset
Is the e-mail address above correct? <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No	reset
Is the phone number above correct? <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No	reset

Kit Ordering

Kit Type

****Please allow two weeks for shipment****

* must provide value

- ☐ Baseline Visit Kit (V0)
- ☐ Longitudinal Visit Kit (V1, V2, V3, V4)
- ☐ Supplemental Kit
- ☐ Extra Supplies

Please specify in comments if you need kits before the standard two week shipment time.

Multiple kit types available

Kit Ordering

- BioSEND creates ST-Numbers for baseline kits
- ST#s serve as the biorepository subject identifier
- Enter kit quantity

Kit Type **Please allow two weeks for shipment** <small>* must provide value</small>	<input checked="" type="checkbox"/> Baseline Visit Kit (V0) <input type="checkbox"/> Longitudinal Visit Kit (V1, V2, V3, V4) <input type="checkbox"/> Supplemental Kit <input type="checkbox"/> Extra Supplies <small>Please specify in comments if you need kits before the standard two week shipment time.</small>
Baseline Visit Kit Quantity <small>* must provide value</small>	<input type="text" value="1"/>
Comments	<div></div> <div>Expand</div>
Each IU Baseline/Longitudinal Collection Kit 2 - 10mL EDTA tubes, plastic 1 - Biohazard bag with absorbent sheet 1 - Specimen/Case label set	

Kit Ordering

Please note: the ST-Number provided in a BL kit can be used for any subject's BL visit. **This ST number is a subject identifier** and will need to stay linked to the patient through the entirety of the study.

Kit Ordering

Kit Type **Please allow two weeks for shipment** <small>* must provide value</small>	<input checked="" type="checkbox"/> Baseline Visit Kit (V0) <input checked="" type="checkbox"/> Longitudinal Visit Kit (V1, V2, V3, V4) <input type="checkbox"/> Supplemental Kit <input type="checkbox"/> Extra Supplies <small>Please specify in comments if you need kits before the standard two week shipment time.</small>
Baseline Visit Kit Quantity <small>* must provide value</small>	<input type="text"/>
Longitudinal Visit Kit Quantity <small>* must provide value</small>	<input type="text" value="1"/> <small>If requesting annual kits, please provide the ST-number and visit type of all kits needed. Not doing so will cause delay in shipment, as we are unable to complete your request without this information.</small>
1st Kit Visit ID	<input type="text" value="ST-00012345"/> <small>e.g. ST-00012345</small>
1st Kit Visit Type	<input type="text" value="V2"/>

Please provide ST# and visit type for follow-up kits. We cannot complete your request without this information.

Kit Ordering

Allows you to choose specific supplies and particular quantities

Kit Type **Please allow two weeks for shipment** <small>* must provide value</small>		<input type="checkbox"/> Baseline Visit Kit <input type="checkbox"/> Annual Visit Kit <input type="checkbox"/> Supplemental Kit <input checked="" type="checkbox"/> Extra Supplies
<small>Please specify in comments if you need kits before the standard two week shipment time.</small>		
Resealable Tube Pouches	<input type="radio"/> 2 <input type="radio"/> 4	reset
Cryobox	<input type="radio"/> 2 <input type="radio"/> 4	reset
Cryogenic Vial (2 ml) - Grey	<input type="radio"/> 10 <input type="radio"/> 20	reset
Cryogenic Vial (2 ml) - Purple	<input type="radio"/> 10 <input type="radio"/> 20	reset
FedEx® return Airbill	<input type="radio"/> 2 <input type="radio"/> 4	reset
Shipping Container for Dry Ice Shipments (includes shipping labels & airbill)	<input type="radio"/> 2 <input type="radio"/> 4	reset

Kit Ordering

- Click “Submit” to send order to BioSEND; staff will confirm receipt of your order
- Please allow two week turn-around time for kit shipments
- If urgent request needed, please note date needed by in comments and email BioSEND

NINDS
BIOSEND

Resize font:
⊕ | ⊞

NINDS Biosend SPARX3 Kit Request System

Study Site
* must provide value

Northwestern University ▼

Northwestern University

Contact Name
Shipment Address
Email
Phone

Is the contact name above correct?
* must provide value

☐ Yes
☐ No

reset

Is the shipping address above correct?
* must provide value

☐ Yes
☐ No

reset

Is the e-mail address above correct?
* must provide value

☐ Yes
☐ No

reset

Kit Type
****Please allow two weeks for shipment****
* must provide value

☐ Baseline Visit Kit
☐ Annual Visit Kit
☐ Supplemental Kit
☐ Extra Supplies

Please specify in comments if you need kits before the standard two week shipment time.

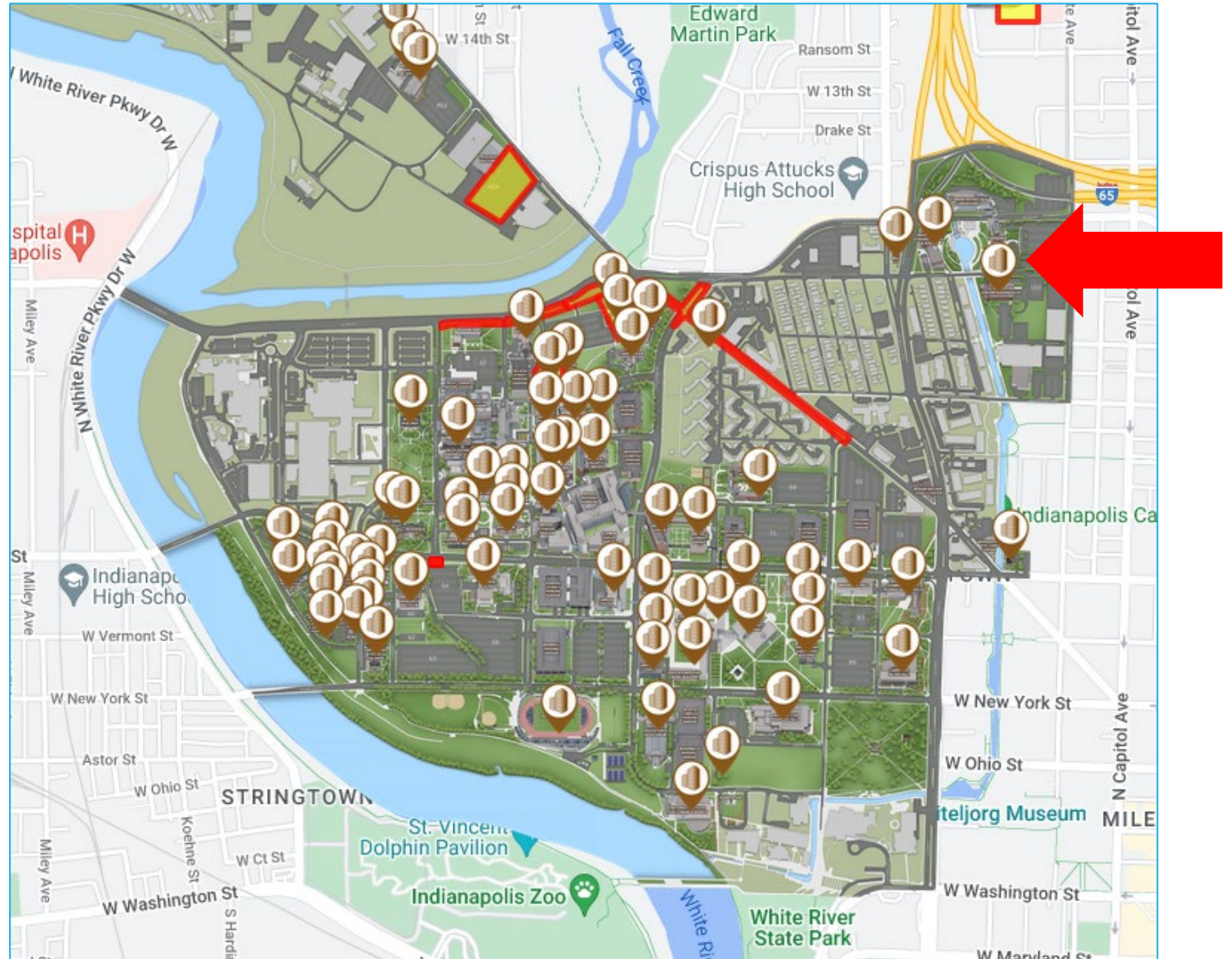
Comments

Expand

Submit

Kit Pick-Up

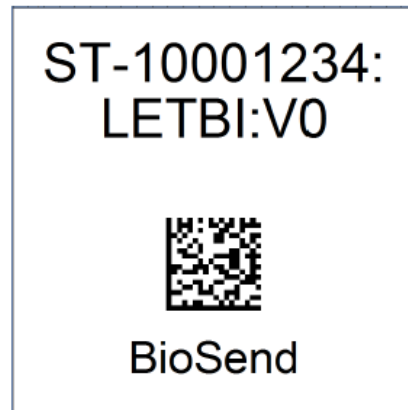
- BioSEND staff will offer dates/times the kits will be ready
- Kits can be picked up at:
 - IU Innovation Center (TK)
 - 351 West 10th Street
 - Indianapolis, IN 46202-3002



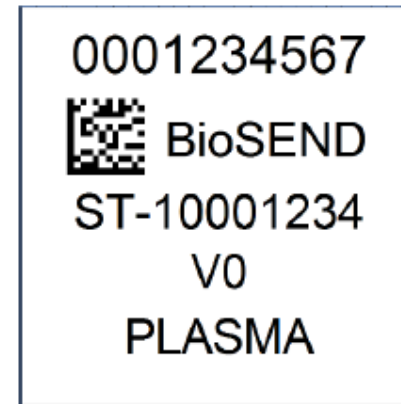
Sample Labelling

Labels are provided for BioSEND specimens only

- Please check that all samples are properly labelled with correct specimen type and visit

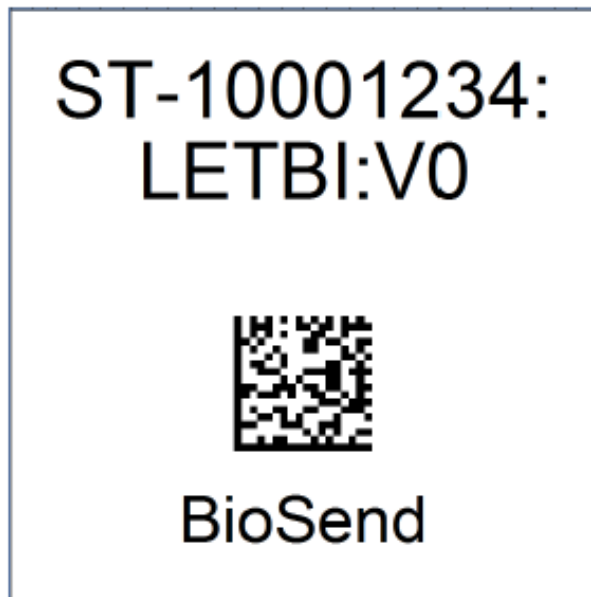


Case Labels



Specimen Labels

Sample Labelling – Case Labels



← **Subject Number**

← **Study and Visit**

← **Biorepository Name**

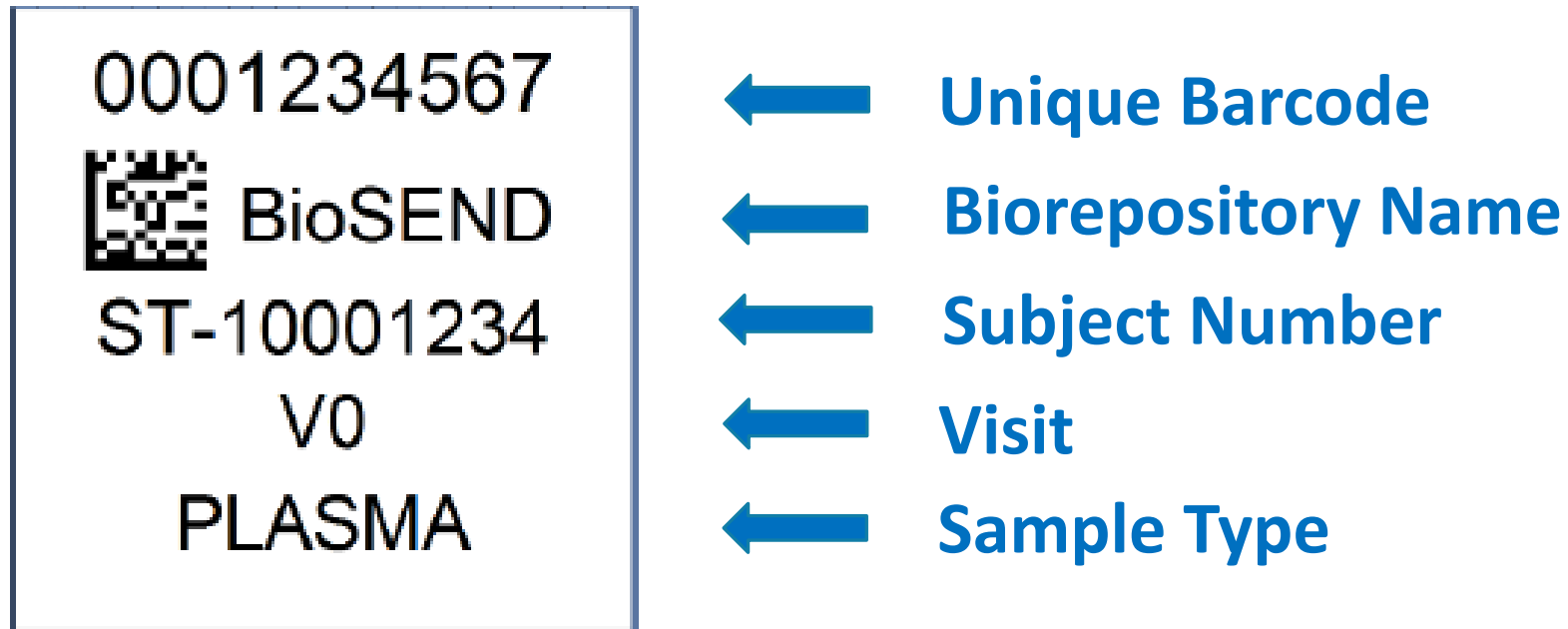
Sample Labelling – Case Labels

Case labels are placed:

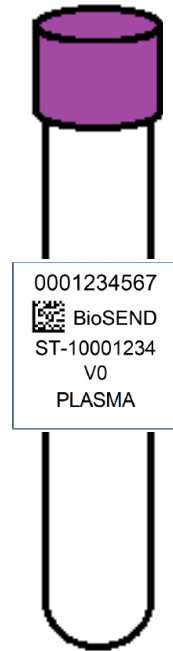
- On the biohazard bag of tubes sent to the IUGB
- Can be used on paperwork



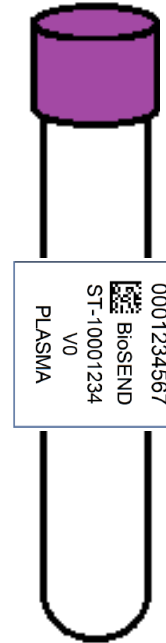
Sample Labelling – Specimen Labels



Sample Labelling – Specimen Labels

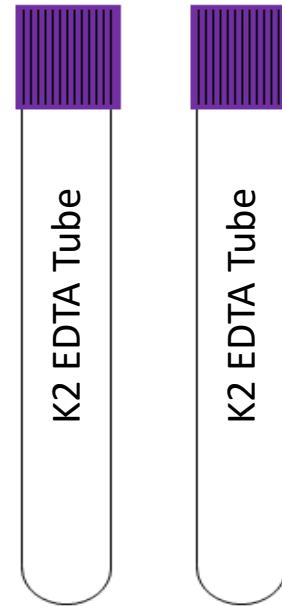


Incorrect



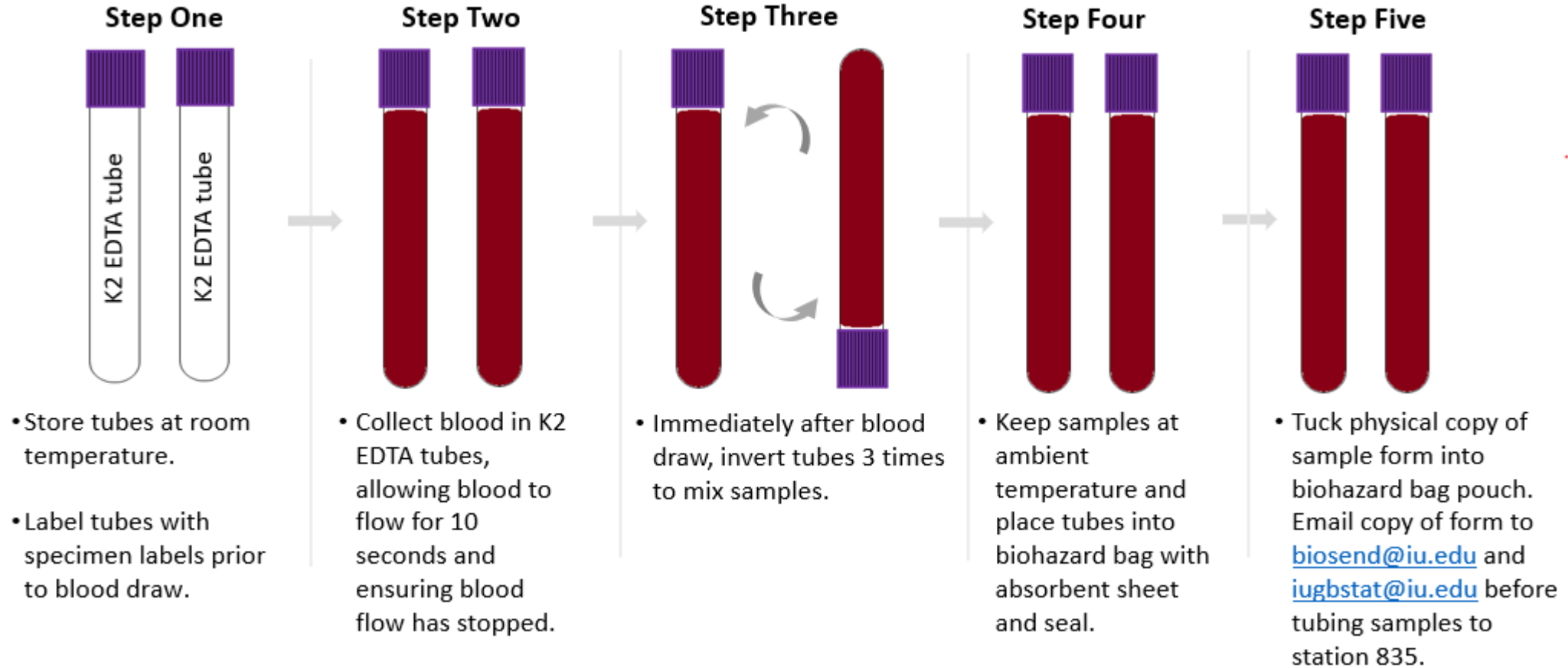
Correct

Sample Collection and Processing



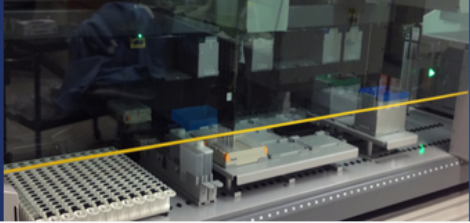
2 x 10ml EDTA Tubes for Plasma and Buffy Coat

Sample Collection and Processing



BioSEND Sample Form

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Contact Us

biosend@iu.edu
317-278-0594

BioSEND Sample Form

Study:

Site Name:

Principal Investigator:

Coordinator:

Telephone:

Email:

Please list only ONE subject per Sample Record Summary and Shipment Notification Form

GUID:

Subject ID (ST# from pre-printed labels):

Sex:

Visit Type:

Instructions: Samples should be tubed to station #835. Samples should be sent Monday-Friday only, between 7:00 AM - 4:00 PM. This form must be completed for shipment of all research samples. Please email a copy to at biosend@iu.edu and iugbstat@iu.edu prior to tubing samples. A physical copy should also be included with the samples.

Date of Collection	Time of Collection	Sample Type	Number of Tubes Sent
		Whole Blood for Plasma and Buffy Coat	

Comments:

Shipping Samples: Sample Form

BioSEND 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

BioSEND is open to essential operations only the last two weeks of the year. Advance notification of this closure will be sent to all study staff and posted on the BioSEND website.

Contacts

Indiana University

General Questions/Shipment Notifications:

biosend@iu.edu

Biorepository Project Manager:

Claire Wegel

cwegel@iu.edu

Tel: 317.278.6158

Biorepository Clinical Research Coordinator:

Carolyn Dunifon

cdunifon@iu.edu

Tel: 317.274.5751