

# BioSpecimen Exchange for Neurological Disorders (BioSEND)


*EpiBioS4Rx Training  
Webinar*

# BioSEND Training Webinar Overview

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2. Site Equipment
3. EpiBioS4Rx Biospecimen Collection Protocol
4. Study Visit Protocol
5. Kits & Samples
  - Requesting Kits
  - Labels
  - Sample Collection & Processing
  - Sample Shipment
5. BioSEND Website
6. Contact Information

# Study Reminders

*Please remember...*

- Biospecimens are limited, valuable resources.
- Standardization and quality are key! 
- Reference the BioSEND Manual of Procedures as needed.
- Do not replace or supplement any kit components without first receiving approval from BioSEND.

# Site Equipment

*The following items are to be supplied by the site:*

- Personal protective equipment
- Alcohol prep pads
- Butterfly needles and hubs
- Tourniquet
- Gauze pads
- Bandages
- Sharps bin and lid
- Microcentrifuge tube rack
- Test tube rack
- Crushed ice
- Pipettes and pipette tips
- 4°C Centrifuge
- -80°C Freezer
- Dry ice

# EpiBioS4Rx Biospecimen Collection Protocol

	D1	D3	D5	D15	D30	D90	D180
DNA from Buffy coat	X	X	X	X	X	X	X
Plasma (6 x 250ul)	X	X	X	X	X	X	X
RNA (2 x 2.5ml)			X	X			

# Study Visit Protocol

- Due to the small window between visits, a kit will contain all supplies required to collect an entire subject's longitudinal visits
- BioSEND will send 4 kits at study startup, plus a supplemental kit which contains extra components of all kit materials
  - Supplemental EXCLUDES labels
- Sites are encouraged to frequently review kit inventory to ensure adequate supply

# Study Identifiers

## Study ID

- Format: #\_##\_####
- Example: 3\_17\_0000
- Middle two-digit number = site number
- To be used for clinical data capture

## ST-Number

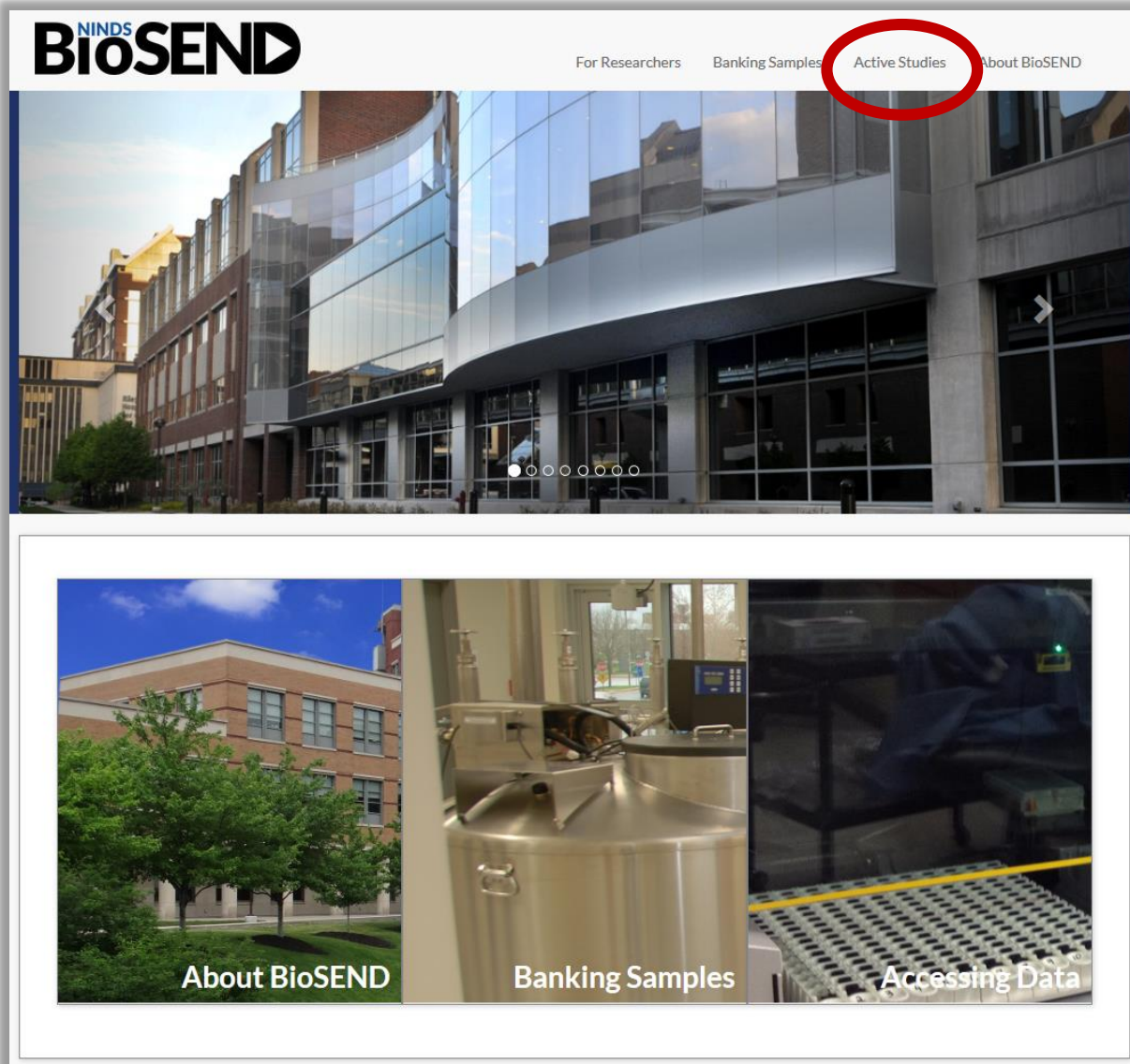
- Format: ST-1#####
- Example: ST-10001234
- To be used in reference to BioSEND
- Present on all sample labels

- A subject MUST have the SAME Study ID and ST-Number for the duration of the study
- Example: Study ID 3\_17\_0000 = ST-10001234 for ALL longitudinal visits for that subject
- BOTH identifiers to be included on the Biosample shipping form

# Requesting Kits



# NINDS BioSEND Website



# BioSEND Kit Request Module

**NINDS BioSEND**

NINDS BioSend EpiBioS4Rx Kit Request System

**Study Site**  
\* must provide value

**Submit**

REDCap 7.0.19 - © 2017 Vanderbilt University

- 11- Columbia University
- 12 - Johns Hopkins University
- 13 - Mass General Hospital / Harvard
- 14 - Phoenix Childrens' Hospital
- 15 - Royal Melbourne
- 16 - UC Davis
- 17 - UCLA
- 18 - University of Cambridge
- 19 - University of Cincinnati
- 20 - University of Maryland
- 21 - University of Miami
- 22 - University of Pennsylvania
- 23 - University of Pittsburgh MC
- 24 - Yale University
- 25 - Children's National Hospital DC
- 26 - The Alfred

- <http://kits.iu.edu/epibios4rx> Choose your site number and location from the drop down menu

# BioSEND Kit Request Module

<b>Study Site</b> <small>* must provide value</small>	17 - UCLA
<b>University of California LA - 17</b>  Courtney Real 757 Westwood Blvd. Suite 6236 Los Angeles, CA 90095 310-267-7433 creal@mednet.ucla.edu sumartinez@mednet.ucla.edu vshrestha@mednet.ucla.edu	
<b>Confirm site information:</b> <ul style="list-style-type: none"><li>• Study site</li><li>• Shipping address</li><li>• Contact name</li><li>• Email</li></ul>	
<b>Is the contact name above correct?</b> <small>* must provide value</small>	<input checked="" type="radio"/> Yes <input type="radio"/> No <a href="#">reset</a>
<b>Is the shipping address above correct?</b> <small>* must provide value</small>	<input checked="" type="radio"/> Yes <input type="radio"/> No <a href="#">reset</a>
<b>Is the e-mail address above correct?</b> <small>* must provide value</small>	<input checked="" type="radio"/> Yes <input type="radio"/> No <a href="#">reset</a>

# BioSEND Kit Request Module

<b>Is the contact name above correct?</b> <small>* must provide value</small>	<input type="radio"/> Yes <input checked="" type="radio"/> No	reset
<b>New Contact Name</b> <small>* must provide value</small>	<input type="text"/>	
<b>Is the shipping address above correct?</b> <small>* must provide value</small>	<input type="radio"/> Yes <input checked="" type="radio"/> No	reset
<b>New Shipping Address</b> <small>* must provide value</small>	<div><input type="text"/></div> <div>Expand</div>	
<b>Is the e-mail address above correct?</b> <small>* must provide value</small>	<input type="radio"/> Yes <input checked="" type="radio"/> No	reset
<b>New e-mail Address</b> <small>* must provide value</small>	<input type="text"/>	

- Is the information correct?
- Provide the correct information if needed

# BioSEND Kit Request Module: Kit Type

## Kit Type

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

\* must provide value

- ☐ Standard Kit
- ☐ Supplemental Kit
- ☐ Extra Supplies

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

- Select the type of kit that you'd like to order

# BioSEND Kit Request Module: Standard Kit

## Kit Type

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

\* must provide value

- ☒ Standard Kit  
☐ Supplemental Kit  
☐ Extra Supplies

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

## Standard Kit Quantity

\* must provide value

If you need more than 10 kits or labels, please use the file upload option or submit multiple requests.

- BioSEND creates ST numbers for standard kits
- Enter kit quantity

# BioSEND Kit Request Module: Requesting Specific Subjects

The screenshot shows a web form titled "Standard Kit Quantity" with a green header. A text input field contains the number "3". Below the header, a note states: "If you going to request more than 10 kits/labels or prefer to upload a file with the Biorepository ID and Visit, you may download this template file and fill in the relevant information." An attachment link for "BioSEND\_Kit\_IDs\_Template.xlsx (0.01 MB)" is provided. Below this, a section instructs users to upload a template file if using the provided one, with an "Upload document" button. The form then contains six rows for requesting specific subjects, each with a text input for the ID and a dropdown for the visit number. The rows are labeled "1st Kit Visit ID", "1st Kit Visit", "2nd Kit Visit ID", "2nd Kit Visit", "3rd Kit Visit ID", and "3rd Kit Visit". Each ID field has a placeholder example "e.g. ST-00012345".

Standard Kit Quantity	
* must provide value	
3	
If you need more than 10 kits or labels, please use the file upload option or submit multiple requests.	
If you going to request more than 10 kits/labels or prefer to upload a file with the Biorepository ID and Visit, you may download this template file and fill in the relevant information.	
Attachment: <a href="#">BioSEND_Kit_IDs_Template.xlsx</a> (0.01 MB)	
If you are using the provided template to upload Biorepository IDs and Visits, please upload your template file here.	
<a href="#">Upload document</a>	
1st Kit Visit ID (only if not using file upload option)	<input type="text"/> e.g. ST-00012345
1st Kit Visit	<input type="text"/>
2nd Kit Visit ID (only if not using file upload option)	<input type="text"/> e.g. ST-00012345
2nd Kit Visit	<input type="text"/>
3rd Kit Visit ID (only if not using file upload option)	<input type="text"/> e.g. ST-00012345
3rd Kit Visit	<input type="text"/>

- Since Standard kits contain all materials for longitudinal visits for a subject, sites DO NOT need to request specific subjects unless replacement labels are needed.

# BioSEND Kit Request Module: Supplemental Kit

<b>Kit Type</b> <b>**Please allow two weeks for shipment**</b> <small>* must provide value</small>	<input type="checkbox"/> Standard Kit <input checked="" 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>
<b>Comments</b>	<div></div> <div>Expand</div>
<b>Each Supplemental Kit Contains:</b>  5 100 ml absorbent sheets 5 6-tube bubble pouches 5 Cryoboxes 50 Siliconized sterile cryogenic vials (0.5 ml) 5 Siliconized Sterile Cryogenic Vial (2.0 ml) 5 Biohazard bags 5 PAXGene® tubes (2.5 ml) 10 Lavender-top K2EDTA tubes (10 ml) 10 Disposable transfer pipettes (1ml) 2 Warning label packets	



# BioSEND Kit Request Module: Extra Supplies

<b>Kit Type</b> <b>**Please allow two weeks for shipment**</b> <small>* must provide value</small>	<input type="checkbox"/> Standard 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>
6-Tube Bubble Pouch	<input type="radio"/> 2 <input type="radio"/> 4 <a href="#">reset</a>
Cryobox	<input type="radio"/> 2 <input type="radio"/> 4 <a href="#">reset</a>
Siliconized Sterile Cryogenic Vial (0.5 ml)	<input type="radio"/> 10 <input type="radio"/> 20
Siliconized Sterile Cryogenic Vial (2.0 ml)	<input type="text" value=""/>
Transfer Pipette 1mL	<input type="radio"/> 5 <input type="radio"/> 10 <a href="#">reset</a>
FedEx® return Airbill	<input type="radio"/> 2 <input type="radio"/> 4 <a href="#">reset</a>
Shipping Container for Dry Ice Shipments	<input type="radio"/> 2 <input type="radio"/> 4 <a href="#">reset</a>

- Allows you to choose specific supplies and particular quantities

# BioSEND Kit Request Module: Multiple Orders

## Kit Type

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

\* must provide value

- ☒ Standard Kit
- ☐ Supplemental Kit
- ☒ Extra Supplies

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

- You can order more than one type of kit in a single kit request

# BioSEND Kit Request Module: Submit

- Click “Submit” to turn in your request.
- The BioSEND staff will notify you that your request has been received and address any issues.

**NINDS BioSEND**

NINDS BioSend EpiBioS4Rx Kit Request System

Study Site: 17 - UCLA  
\* must provide value

University of California LA - 17

Courtney Real  
757 Westwood Blvd.  
Suite 6236  
Los Angeles, CA 90095  
310-267-7433  
creal@mednet.ucla.edu  
sumartinez@mednet.ucla.edu  
vshrestha@mednet.ucla.edu

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  
☐ Standard Kit  
☐ Supplemental Kit  
☐ Extra Supplies  
Please specify in comments if you need kits before the standard two week shipment time.

Comments

[Expand](#)

**Submit**

# Labels

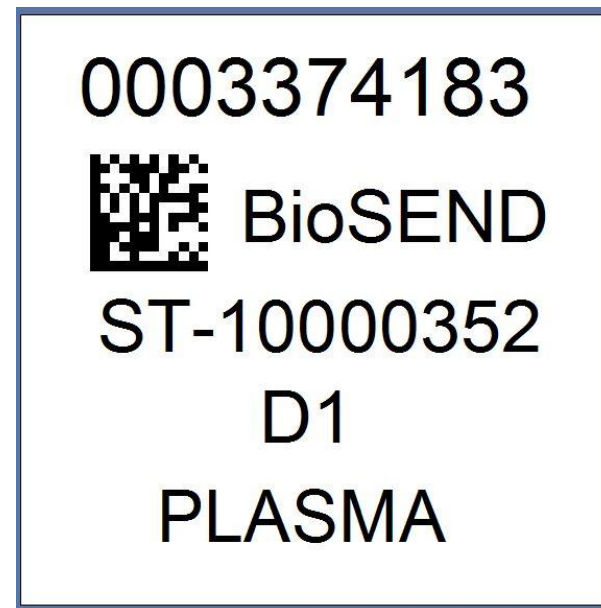
# Types of Labels

## Case Label



Identify study and site number

## Specimen Label



Identify individual biospecimens

# Case Label

ST-10000352:  
EPI:SITE  
11:D1



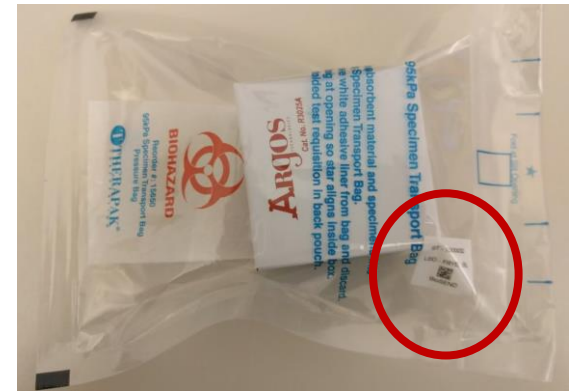
BioSend

- ← Subject Number
- ← Study – Site number
- ← Visit
- ← Biorepository Name

# Case Labels

Case labels are placed:

- On the plastic biohazard bag of the cryovial transport box.
- On the plastic biohazard bag for the PAXgene® tubes.
- On the lid of the shipping canisters.
- *On the lid of frozen shippers*



# Collection and Aliquot Tube Label

0003374183



BioSEND

ST-10000352

D1

PLASMA



**Sample Identifier**



**Biorepository Name**



**Subject Number**



**Visit Type**



**Specimen Type**

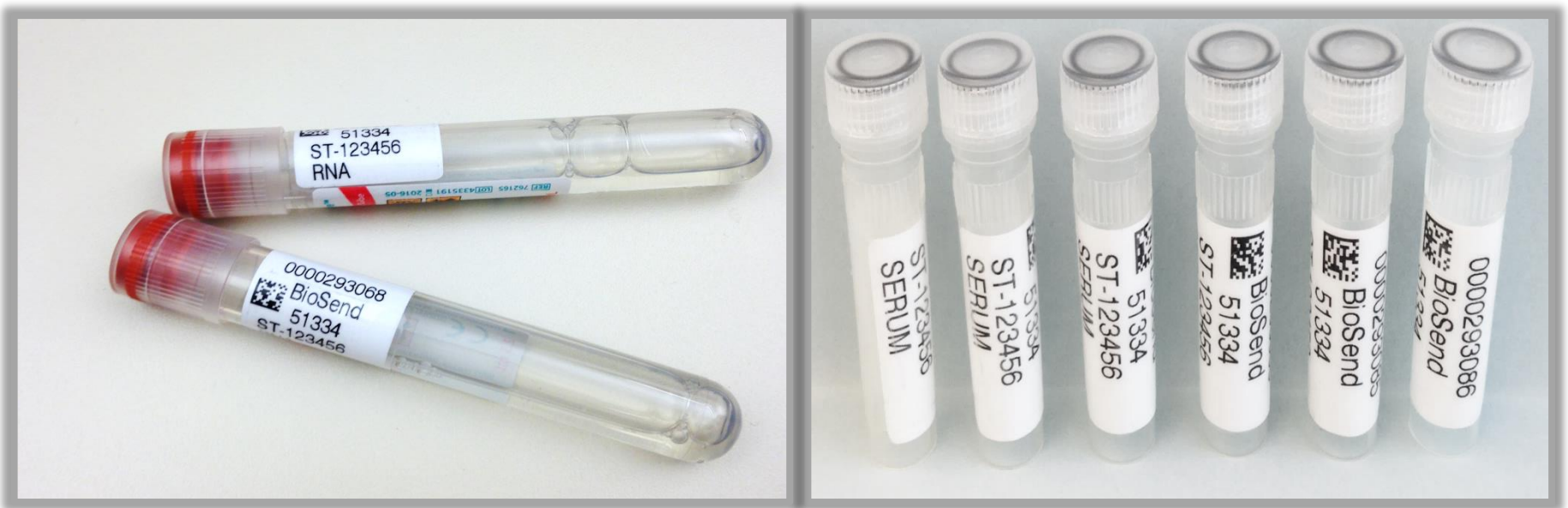


# Collection and Aliquot Tube Label

Collection and Aliquot Tube Labels are placed on:

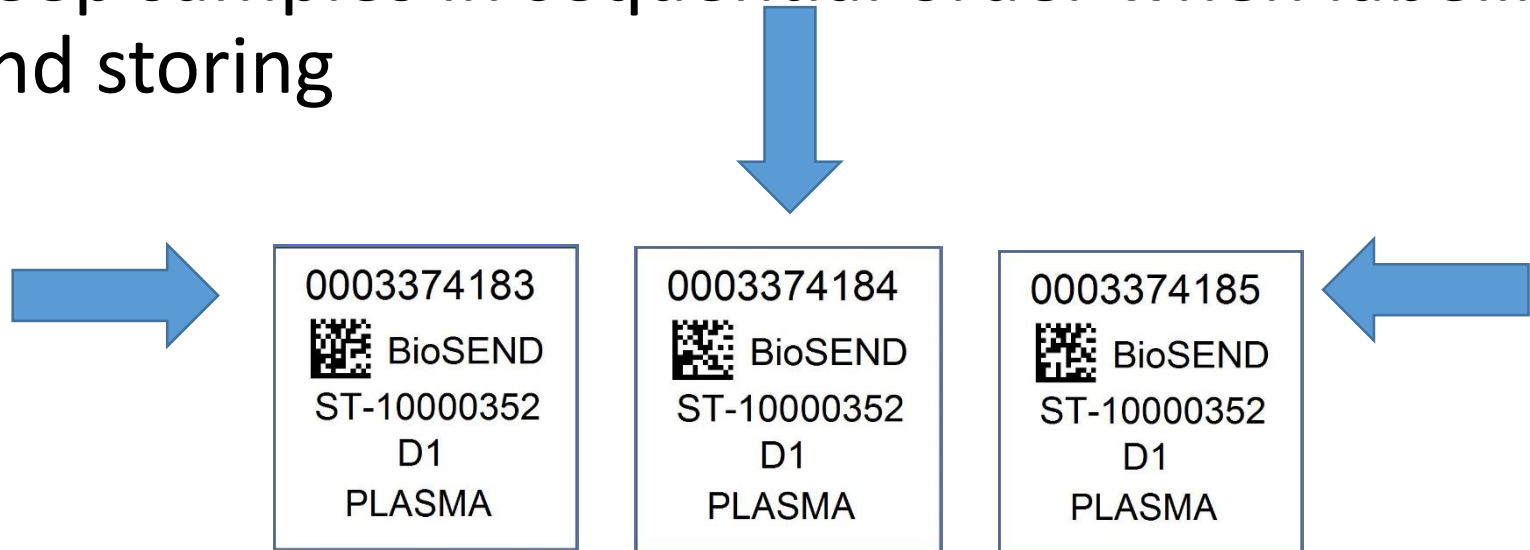
- All collection tubes
- All aliquot tubes (Cryovials)

*Be sure that the tube has the correct specimen type on the label*



# Aliquot Labels

- Keep samples in sequential order when labeling and storing



# Sample Collection & Processing

## *Reminders:*

- G force  $\neq$  RPM
- All specimens should be frozen and stored UPRIGHT
  - For RNA, please freeze samples upright in a non-styrofoam rack
  - For plasma and buffy coat, please freeze samples upright in the cryobox provided

# Calculating Centrifugation Speed

<https://www.eppendorf.com/CA-en/centrifuge-speed-calculator/>

Centrifuge Calculator

**Rotational Speed and centrifugal force**

To calculate the relative centrifugal force at the given rotor speed and given rotor radius, please enter the values in the appropriate fields and press the Calculate RCF key.

The Calculate Speed key provides information on the required rotational speed at the given relative centrifugal force and the given rotor radius.

Please specify centrifuge and rotor or enter rotor's radius directly

5810/5810 R

**Rotors for 5810/5810 R**

- 30-place fixed-angle rotor for 1.5-2.0 ml tubes (F-45-30-11)
- 30-place Aerosol-tight fixed-angle rotor for 1.5-2.0 ml tubes (FA-45-30-11)
- 6 x 85 ml High-speed fixed-angle rotor (F-34-6-38)

= Radius 10 cm

**Relative centrifugal force (RCF)**

RCF 1500 x g

**Speed**

Speed 3663 rpm

Calculate Speed >>

<< Calculate RCF

***\*The 3663 rpm speed was calculated using a hypothetical radius of 10 cm and a RCF of 1500 x g.***

# Order of Specimen Collection

1. PAXgene® tube for RNA
2. K2 EDTA **10 ml (lavender top)** blood collection for plasma and buffy coat



PAXgene®  
(RNA)

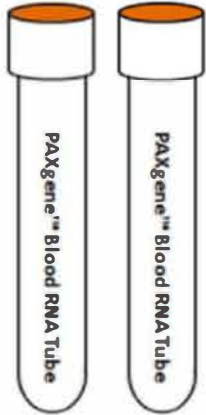


10ml K2EDTA  
(Plasma, Buffy  
Coat)

# PAXgene™ Preparation (2.5ml Tube)

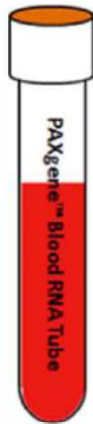


## Step One



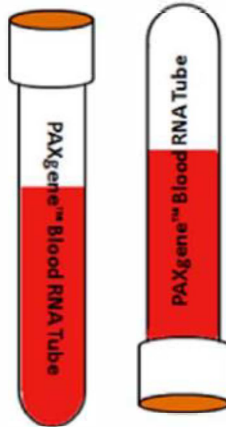
- Store tubes at room temperature.
- Label tubes with pre-printed subject labels prior to blood draw.

## Step Two



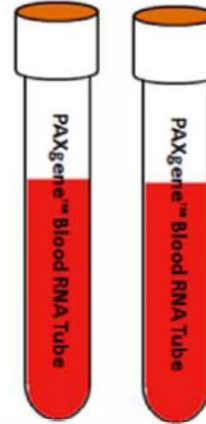
- Collect blood into *one* PAXgene® Tube allowing blood to flow for 10 seconds and ensuring blood flow has stopped.

## Step Three



- Immediately after blood draw, invert tubes 8-10 times to mix samples.
- Repeat steps two and three for second tube.

## Step Four



- Incubate tubes upright at room temperature for 2 hours before freezing the samples.

## Step Five



- After 2 hour incubation at room temperature, store tubes upright in a -80°C in a wire rack until shipment.



# Plasma and Buffy Coat Preparation (10ml Lavender Top Tube)

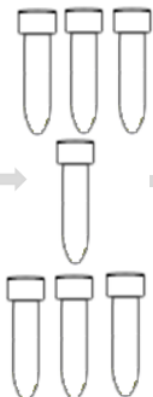


## Step One



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

## Step Two



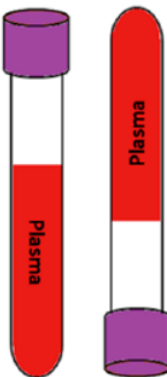
- Label 6 0.5mL cryovials for plasma and 1 2.0mL cryovial for buffy coat with pre-printed subject labels prior to blood draw.
- Pre-chill cryovials on wet ice for 5 minutes or longer.

## Step Three



- Collect blood in Plasma Tube allowing blood to flow for 10 seconds and ensuring blood flow has stopped.

## Step Four



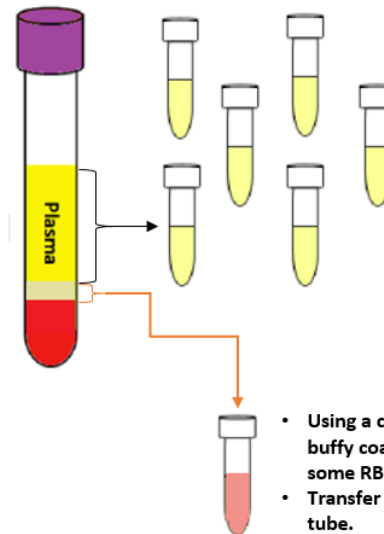
- Immediately after blood draw, invert tubes 8-10 times to mix samples.

## Step Five



- Within 30 minutes of blood draw, centrifuge samples at 1500 x g for 15 minutes at 4°C.

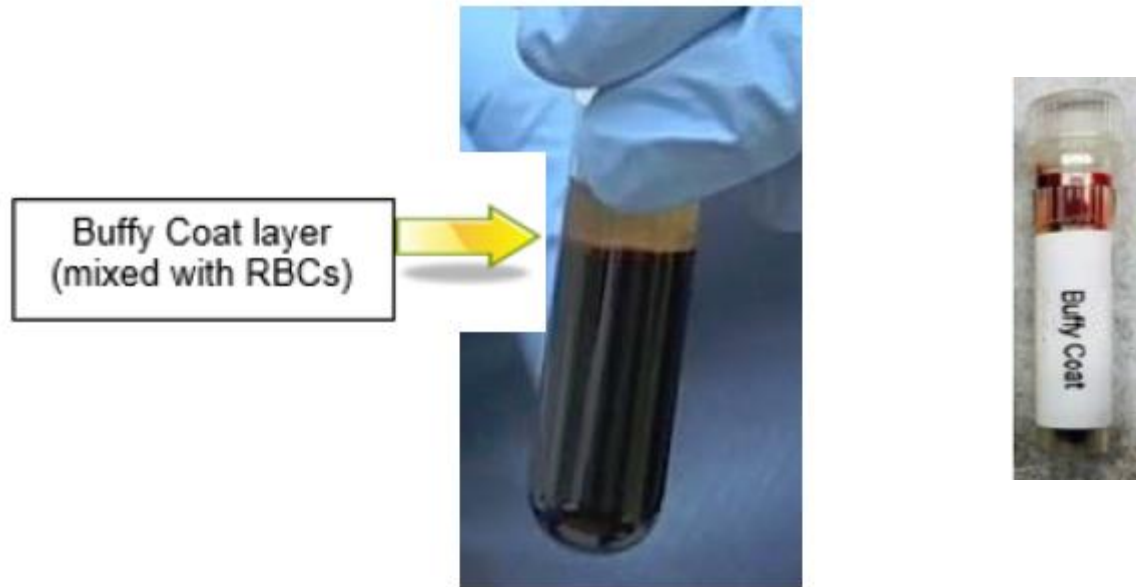
## Step Six and Seven



- Aliquot 250 uL of plasma into each 0.5mL cryovial tube.
- Store plasma aliquots at -80°C until shipment.
- Return 6 X 250 uL aliquots to BioSend

- Using a clean transfer pipette, collect the buffy coat (may have residual plasma and some RBCs included).
- Transfer the buffy coat into a 2.0mL cryovial tube.
- Store buffy coat aliquot at -80°C until shipment.
- Return 1 X 2.0 mL aliquot to BioSend.

# Buffy Coat Collection

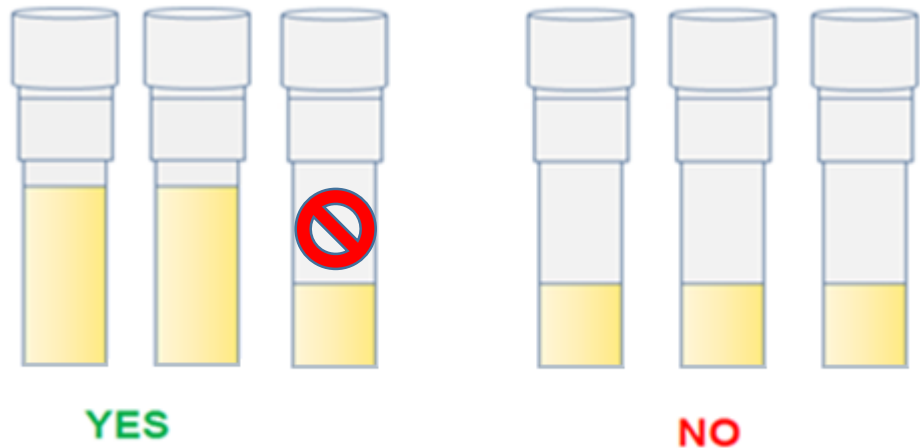


Collect the buffy coat layer using the transfer pipet provided. Residual plasma as well as some RBCs will be included in this collection. A buffy coat will be reddish in color due to RBCs.



# Plasma and Buffy Coat Aliquots

- Fill Plasma cryovials to 250ul
- Over-filled vials may burst in freezer
- Ship material to BioSEND
  - 6 Plasma aliquots
  - 1 Buffy Coat aliquot
- Do NOT send residual volumes to BioSEND



# Biosample processing data collection

EpibioS4Rx EDC Build For LONI  
Page 1 of 2

- All biosample processing details should be recorded in the biosample form in Redcap
- Record Patient number (ST-number), collection date/time, processing details, and vial IDs

## Biosamples

Screen # \_\_\_\_\_

### BLOOD SAMPLE PROCESSING

ST Number

The ST number is a code that BioSEND uses to identify each patient. It can be found on each vial label (ex. ST-#####).

(FOR ONE PATIENT, ALL VIAL LABELS FROM ALL 6 DRAW TIME POINTS MUST HAVE THE SAME ST NUMBER.)

Date of blood draw \_\_\_\_\_

Time of blood draw \_\_\_\_\_

Time of centrifugation \_\_\_\_\_

Rate of centrifugation \_\_\_\_\_

(xg)

Duration of centrifugation \_\_\_\_\_

(minutes)

Centrifuge temperature \_\_\_\_\_

(Celsius)

Time samples were stored \_\_\_\_\_

Storage Temperature \_\_\_\_\_

(Celsius)

Please list any complications that occurred during the biosample processing.

### PLASMA

1st Plasma Vial ID \_\_\_\_\_

2nd Plasma Vial ID \_\_\_\_\_

3rd Plasma Vial ID \_\_\_\_\_

4th Plasma Vial ID \_\_\_\_\_

5th Plasma Vial ID \_\_\_\_\_

6th Plasma Vial ID \_\_\_\_\_

### BUFFY COAT

Buffy Coat Vial ID \_\_\_\_\_

### RNA PAX TUBE

PAX Tube ID \_\_\_\_\_

PAX Tube ID \_\_\_\_\_

# Blood Collection: Troubleshooting

## Issue #1: Collection tube with little/no vacuum

- Always check expiration dates before beginning blood draw and discard expired tubes
  - *Tubes expire on last day of month printed on tube*
- Store tubes at ambient temperature
  - *Extreme temperatures can affect vacuum*
- Keep extra vacutainer tubes from supplemental kit nearby during blood draw to replace “bad” tubes
- If frequent occurrence, report tube type and lot numbers to Indiana University

# Blood Collection: Troubleshooting

## Issue #2: Hemolyzed (pink/red) plasma

Cause: Blood Collection Methods	Corrective Action
Improper venipuncture site	Draw from median cubital, basalic, and cephalic veins from antecubital region of arm
Prolonged tourniquet use	Tourniquet should be released after no more than 1 min, excessive fist clenching should be avoided
Not allowing alcohol to dry on skin before venipuncture	Without touching, allow the venipuncture site to air dry
Lumen of needle too close to inner wall of vein (indicated by slow blood flow)	
Use of too large/small bore needle resulting in excess force applied to blood	Avoid using too small/large needle. Needle size dependent on the subject's physical characteristics & amount of blood to be drawn. Most commonly used sizes are 19 – 23.
Pulling/pushing plunger too fast while drawing/transferring blood	Avoid drawing the syringe plunger too forcefully when collecting blood
	Ensure all blood collection assemblies are fitted securely, to avoid frothing

# Blood Collection: Troubleshooting

## Issue #2: Hemolyzed (pink/red) plasma

Cause: Sample Processing Methods	Corrective Actions
Vigorous mixing/shaking	Gently invert blood collection tube when mixing additive with specimen, follow guidelines in Biologics Manual regarding number of times to invert each type of tube
Not allowing serum to clot for recommended time	Serum tubes without clot activator should be allowed to clot for 60 min in a vertical position
Exposure to excessive heat or cold	Keep samples at ambient temp
Prolonged contact of serum/plasma with cells	Do not store uncentrifuged samples beyond recommended time

Reference: BD's "Tech Talk" newsletter, Vol. 2, No. 2, October 2003  
([http://www.bd.com/vacutainer/pdfs/techtalk/TechTalk\\_Jan2004\\_VS7167.pdf](http://www.bd.com/vacutainer/pdfs/techtalk/TechTalk_Jan2004_VS7167.pdf))

# Sample Shipment

# Frozen Samples

- All samples are shipped frozen
  - Plasma, buffy coat, PAXgene®
- **Ship Monday-Wednesday Only via FedEx® Priority Overnight**
- Schedule FedEx® pickup
- Email Biosample Shipping Record including FedEx® tracking number **AHEAD OF SHIPMENT**



# Packaging and Shipping Frozen Samples



**Pack bags, place upright & side-by-side**

**FILL dry ice to top of box**



# Packaging & Shipping Troubleshooting

## Issue: Broken/Damaged Tubes

Cause	Preventative Action
Over filling tubes	Fill tubes to suggested volume. If any sample still remains, place in an additional tube
Improper packaging	Ensure the tubes are securely placed into the bubble wrap pouch and are placed in a separate bag from the boxed plasma, serum, and CSF.
Rough shipping conditions	Extra bubble wrap may be needed to pad blood tubes
Extreme changes in temperature (ambient→freezer; freezer→dry ice)	Wrapping the tubes in bubble wrap before freezing may help slow the cooling process

# Shipping Frozen Samples

- Hold packaged samples in a -80°C freezer until pickup.
- ***Samples should be received at BioSEND within 2 weeks of collection.***



# Shipping Schedule

- For first subject at each site acute samples (D1-D15) should be shipped upon completion of D15 collection
- Bulk shipping will be used for D30-D180 samples on a quarterly basis



# Quarterly Shipping Schedule

- Domestic Sites, M-W of designated week
- International, Monday ONLY

EpiBioS4Rx BioSEND DOMESTIC SHIPPING SCHEDULE			
2017			
Q4	10/16/2017	-	10/18/2017
2018			
Q1	1/22/2018	-	1/24/2018
Q2	4/16/2018	-	4/18/2018
Q3	7/16/2018	-	7/18/2018
Q4	10/15/2018	-	10/17/2018
2019			
Q1	1/14/2019	-	1/16/2019
Q2	4/15/2019	-	4/17/2019
Q3	7/15/2019	-	7/17/2019
Q4	10/21/2019	-	10/23/2019
2020			
Q1	1/13/2020	-	1/15/2020
Q2	4/20/2020	-	4/22/2020
Q3	7/13/2020	-	7/15/2020
Q4	10/19/2020	-	10/21/2020

INTERNATIONAL SHIPPING SCHEDULE	
2017	
Q4	10/16/2017
2018	
Q1	1/22/2018
Q2	4/16/2018
Q3	7/16/2018
Q4	10/15/2018
2019	
Q1	1/14/2019
Q2	4/15/2019
Q3	7/15/2019
Q4	10/21/2019
2020	
Q1	1/13/2020
Q2	4/20/2020
Q3	7/13/2020
Q4	10/19/2020

- Additional shipments due to capacity concerns available upon request

# Biosample Shipping Record

**STUDY: EPIBIOS4RX**

**SHIP FROZEN SHIPMENTS MONDAY - WEDNESDAY ONLY!**

Ensure all frozen shipments are completely filled with dry ice.

This form must be completed for shipment of all research samples.

Prior to shipping, email a PDF copy of this completed form to BioSEND at biosend@iu.edu.

Also place a hard copy of this form in the shipment box and in the study binder.

Site Name: \_\_\_\_\_

Site # \_\_\_\_\_

(The site # is the 2 digit number in your patient's study ID. Ex. 17 for UCLA, study ID = 3\_17\_0000)

Principal Investigator: \_\_\_\_\_

Coordinator Name: \_\_\_\_\_

Coordinator Telephone: \_\_\_\_\_

Coordinator Email: \_\_\_\_\_

## PATIENT INFORMATION

Patient's Study ID: \_\_\_\_\_  
(ex. 3\_17\_0000)

ST Number \_\_\_\_\_  
(FOR ONE PATIENT, ALL VIAL LABELS FROM ALL 6 DRAW TIME POINTS MUST HAVE THE SAME ST NUMBER.)

Patient's Gender ☐ Male ☐ Female ☐ Unknown  
☐ Not reported

Patient's Age \_\_\_\_\_  
(years)

- Complete 1 form/subject shipped
- Input Coordinator and Patient information

# Biosample Shipping Record

---

---

**SHIPPING INFORMATION:**

Date samples were shipped? \_\_\_\_\_

Time samples were shipped? \_\_\_\_\_

FedEx Tracking #: \_\_\_\_\_

Which visit days for this patient are included in the shipment?

- ☐ Day 1  
☐ Day 3  
☐ Day 5  
☐ Day 15  
☐ Day 30  
☐ Day 90  
☐ Day 180

Notation of storage or shipping problems  
\_\_\_\_\_

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**DAY 1**

Blood draw date \_\_\_\_\_

# of plasma vials \_\_\_\_\_

# of buffy coat vials \_\_\_\_\_

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**DAY 3**

Blood draw date \_\_\_\_\_

# of plasma vials \_\_\_\_\_

# of buffy coat vials \_\_\_\_\_

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**DAY 5**

Blood draw date \_\_\_\_\_

# of plasma vials \_\_\_\_\_

# of buffy coat vials \_\_\_\_\_

# of PAX tubes \_\_\_\_\_

- Input date and time of sample shipment
- FedEx Tracking #
- Which visits are being shipped
- Any issues
- Collection Date
- Number of vials per sample type
- Email to [biosend@iu.edu](mailto:biosend@iu.edu)  
**AHEAD** of shipment
- Print and include in physical shipment

# Holiday Closures

Date	Holiday
January 1	New Year's Day
3 <sup>rd</sup> Monday in January	Martin Luther King, Jr Day
4 <sup>th</sup> Monday in May	Memorial Day
July 4	Independence Day (observed)
1 <sup>st</sup> Monday in September	Labor Day
4 <sup>th</sup> Thursday in November	Thanksgiving
4 <sup>th</sup> Friday in November	Friday after Thanksgiving
December 25	Christmas Day

# BioSEND Contact Information

- Questions?

Please contact: Claire Wegel, BioSEND Project Manager ([cwegel@iu.edu](mailto:cwegel@iu.edu))

- Email: [biosend@iu.edu](mailto:biosend@iu.edu)
- Phone: 317-278-0594



# Questions?