



# ALLFTD



ARTFL LEFFTDS Longitudinal  
Frontotemporal Lobar Degeneration

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ALLFTD NEW COORDINATOR TRAINING



NCRAD

# Training Overview

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- Collection Overview
- Kit Requests
- Specimen Labels
- Sample Forms
- Sample Collection and Processing
- Sample Shipping
- NCRAD Website
- Questions?

# ALLFTD Study Specimens

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	RAVE CYCLE (ALL)
DNA (BUFFY COAT)	X
PLASMA	X
PBMC	X
SERUM	X
RNA	X
CSF*	X

\*Select subjects  
to donate CSF

# ALLFTD Kit Request Module

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<http://kits.iu.edu/allftd>

# When to Order Kits

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- Each site will be responsible for ordering kits (labels included) and maintaining a supply on site for scheduled participants
- Allow a minimum of **2 weeks** for your order to be processed and delivered.

# ALLFTD Kit Request Module

ALLFTD Kit Request System

ALLFTD Site	35 - University of California San Francisco ▼
* must provide value	
35 - USA: University of California San Francisco	
ATTN: Lynn Bajorek Memory and Aging Center MC: 1207 675 Nelson Rising Lane, Suite 190 San Francisco, CA 94158 USA	
Phone: 415-476-0670 lynn.bajorek@ucsf.edu	
Is the contact name above correct?	<input type="radio"/> Yes <input type="radio"/> No
* must provide value	
reset	
Is the shipping address above correct?	<input type="radio"/> Yes <input type="radio"/> No
* must provide value	
reset	
Is the e-mail address above correct?	<input type="radio"/> Yes <input type="radio"/> No
* must provide value	
reset	

- Choose your site from the drop-down list.
- The coordinator name and contact information will appear.
- Verify that this information is accurate, or correct it if necessary.

ALLFTD Blood Kit (Protocol 10.2019) Qty	<input type="text"/>
ALLFTD CSF Kit (Protocol 10.2019) Qty	5
Frozen Shipping Supply Kit (Protocol 10.2019) - Batch Shipment Qty	<input type="text"/>
Small Frozen Shipping Supply Kit - Single Shipment Qty	<input type="text"/>
Ambient Shipping Supply Kit Qty	<input type="text"/>
ALLFTD Supplemental Supply Kit Qty	<input type="text"/>
Green Top-Sodium Heparin Tube Redraw/Take Home Kit Qty	<input type="text"/>
Lavender Top-EDTA Tube Redraw/Take Home Kit Qty	<input type="text"/>
Do you need Extra Supplies?	<input type="radio"/> Yes <input type="radio"/> No
Comments	<input type="text"/>
<p>Each ALLFTD CSF Kit (Protocol 10.2019) Contains:</p> <p>16: Cryovial tube (2 ml) with orange cap  1: Cryovial tube (2 ml) with blue cap  1: Lumbar puncture tray, 24G Sprotte  2: Screw-top conical tube with blue cap (50 ml)  4: Disposable graduated transfer pipette  17: Pre-printed labels for blood collection and aliquot tube  4: Pre-printed labels with kit number</p> <p>Kit Accommodations  Site 35: University California of San Francisco  - do not include FedEx airbills  - CSF kits: do not include transfer pipettes, 50ml conical tubes, P trays  - include RAVE ID stickers on ambient shippers</p>	
<input type="button" value="Submit"/>	

- Indicate the quantity needed of each kit
- Once selected, kit components of the chosen kit will appear at the bottom of the screen (Pictured)
- Click “Submit” to turn in your request.
- The IU staff will notify you that your request has been received and address any issues.
- \*\*Note: You can order more than one type of kit in a single kit request\*\*

# Redraw/Take-Home Kits

## Redraw may include:

- EDTA tube, or
- 2 x Sodium Heparin tubes

## Sample redraw may occur in one of two ways:

- Subject travels to site
- Site staff sends participant kit
  - Drawn with local physician
  - Cost of draw should be covered by ALLFTD site by direct payment to physician OR reimbursement to participant



# Redraw/Take-Home Kits

## DNA REDRAW/TAKE-HOME KIT

(1 EDTA TUBE)



## PBMC REDRAW/TAKE-HOME KIT

(2 PBMC TUBES)









# Specimen Labels

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TYPES OF LABELS

HOW TO LABEL TUBES

# Three Label Types

Kit Number		Site and RAVE ID		
<div>Kit Number  302326</div>		<div>Site ID: _____ RAVE #: _____</div>		
Collection and Aliquot Tube				
<div>0003591409  ALLFTD PLASMA Kit #: 302326</div>	<div>0003591410  ALLFTD BUFFY COAT Kit #: 302326</div>	<div>0003591415  ALLFTD PBMC Kit #: 302326</div>	<div>0003591425  ALLFTD SERUM Kit #: 302326</div>	<div>0003591433  ALLFTD RNA Kit #: 302326</div>

# Kit Number Labels

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

- Biological Sample and Shipment Notification Form
- (IF COLLECTED) CSF Sample and Shipment Notification Form\*
- Outside of the biohazard bag that houses the PBMC
- Cryobox that houses aliquots during shipping
- Outside of the biohazard bag that houses PAXgene™ tubes and aliquot tubes during shipping process

\*CSF samples will have a different kit number label than the blood collection specimens



# Site and RAVE ID Label

Site ID: \_\_\_\_\_

RAVE #:

\_\_\_\_\_


- Subjects will be identified by their site ID and RAVE #
- The RAVE # may only be available shortly before the visit
- Sites will be responsible for handwriting this onto the provided labels
  - Must use a fine point marker
  - Write information on label prior to adhering to tube
  - Will be placed on all collection tubes

# Collection Tubes - Blood

## Label 1: Collection Tube Label

0003591409  
 ALLFTD  
PLASMA  
Kit #: 302326

EDTA Tube

0003591415  
 ALLFTD  
PBMC  
Kit #: 302326

Sodium Heparin Tube

0003591425  
 ALLFTD  
SERUM  
Kit #: 302326

Serum Tube

0003591433  
 ALLFTD  
RNA  
Kit #: 302326

PAXgene™ Tube

## Label 2: Site and RAVE ID Label

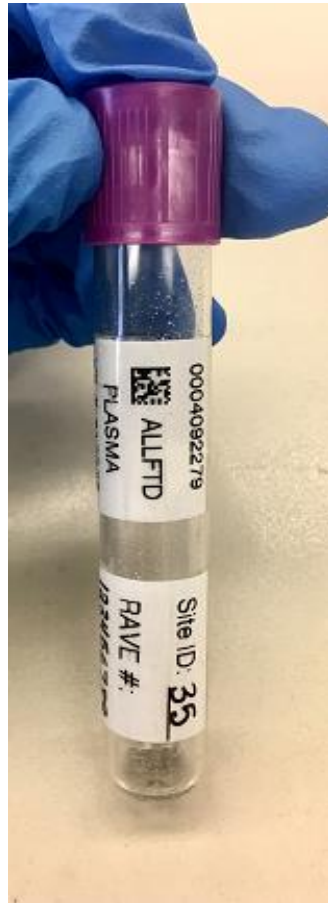
Site ID: \_\_\_\_\_  
RAVE #:  
\_\_\_\_\_

**All collection tubes will have two labels: collection tube label and Site and RAVE ID label**

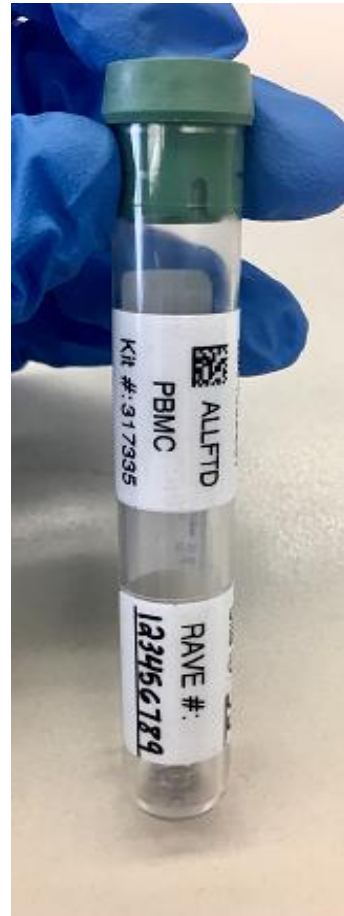


NCRAD

# Collection Tubes - Blood



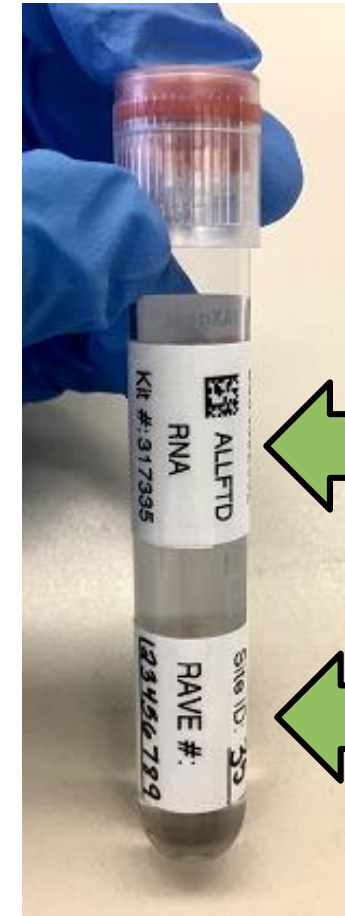
EDTA Tube



Sodium Heparin  
Tube



Serum Determination  
Tube



PAXgene™  
Tube

Collection Tube  
Label

Site and RAVE  
ID Label

# Aliquot Tube Labels



- Only one label to be placed on ALL aliquot tubes

- **Plasma**

- From EDTA tube

- **Buffy Coat**

- From EDTA tube

- **Serum**

- Serum Tube

- **CSF**

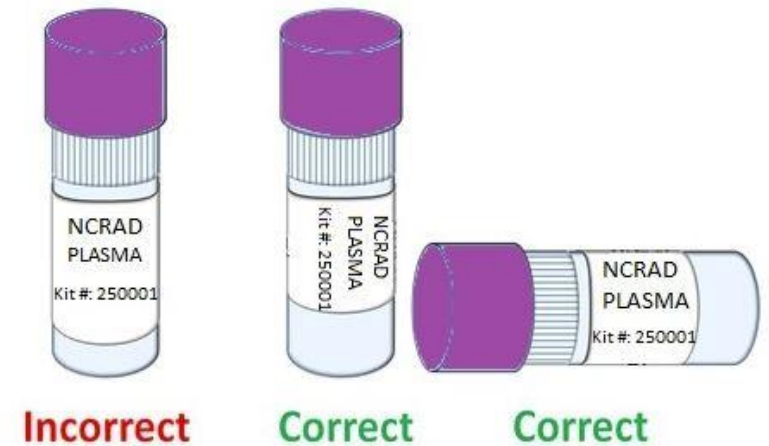
- (Select Patient Population)
- Different kit number than blood collection for the same subject at the same visit





# 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



# Aliquot Tube Labels



- Aliquot tube label only
- Please place barcode near cap
- One label per tube

# Biological Sample and Shipment Notification Forms

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“SAMPLE FORMS”

# Appendix B: Blood Sample and Shipment Notification Form

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

To: Kelley Faber		Email: <a href="mailto:alzstudy@iu.edu">alzstudy@iu.edu</a>		FAX: 317-321-2003		Phone: 1-800-526-2839	
From: _____		UPS tracking #: _____					
Phone: _____		Email: _____				Site #: _____	
Study: ALLFTD Longitudinal Arm <input type="checkbox"/>		ALLFTD Biofluid-Focused Arm <input type="checkbox"/>					
RAVE ID: _____		RAVE Cycle: _____		Kit #: _____		KIT BARCODE	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Year of Birth: _____					
<b>Blood Collection:</b> (All Times Recorded using 24 hour clock: HHMM)							
Date of Draw: _____ [MMDDYY]		Time of Draw: _____ [HHMM]					
Date participant last ate: _____ [MMDDYY]		Time participant last ate: _____ [HHMM]					
PBMC (NaHep Tubes) <input type="checkbox"/> N/A				RNA (PAXgene™ Tubes) <input type="checkbox"/> N/A			
#1	Specimen No. (Last four digits): _____	Original volume drawn: _____ ml	Original volume drawn (2 x 2.5 ml PAXgene™ tubes): _____ ml				
#2	Specimen No. (Last four digits): _____	Original volume drawn: _____ ml	PAXgene™ tubes Time frozen: _____ [HHMM]				
Storage temperature of freezer: _____ °C							
<b>Blood Processing:</b>							
<b>Plasma &amp; Buffy Coat (Lavender-Top) Tube (10 mL)</b>							
Time spin started:		_____ [HHMM]					
Duration of centrifugation:		_____ Minutes					
Temp of centrifuge: _____ °C		Rate of centrifuge: _____ x g					
Time aliquoted:		_____ [HHMM]					
Number of 1.5 mL plasma aliquots created (lavender cap, up to 9): _____							
If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue cap): _____ mL							
If applicable, specimen number of residual plasma aliquot (last four digits): _____							
Buffy coat #1 last four digits of specimen number: _____							
Buffy coat #1 volume: _____ mL		Original blood volume drawn: _____ mL					
Buffy coat #2 last four digits of specimen number: _____							
Buffy coat #2 volume: _____ mL		Original blood volume drawn: _____ mL					
Buffy coat #3 last four digits of specimen number: _____							
Buffy coat #3 volume: _____ mL		Original blood volume drawn: _____ mL					
Time plasma and buffy coat aliquots frozen:		_____ [HHMM]					
<b>Serum (Red-Top) Tube (10 mL) <input type="checkbox"/> N/A</b>							
Time spin started		_____ [HHMM]					
Duration of centrifugation:		_____ Minutes					
Temp of centrifuge: _____ °C		Rate of centrifuge: _____ x g					
Time aliquoted:		_____ [HHMM]					
Number of 1.5 mL serum aliquots created (red cap, up to 3): _____							
If applicable, volume of residual serum aliquot (less than 1.5 mL in blue cap): _____							
If applicable, specimen number of residual serum aliquot (last four digits): _____ mL							
Time serum aliquots frozen:		_____ [HHMM]					
<b>NOTES:</b>							

## Biological Sample and Shipment Notification Form (Blood)

- Includes expanded blood processing section for both plasma and serum
- All aspects of this form must be completed by the study site prior to the samples and sample form being shipped to NCRAD

### Appendix C: CSF Sample and Shipment Notification Form

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

To: Kelley Faber		Email: <a href="mailto:alzstudy@iu.edu">alzstudy@iu.edu</a>		FAX: 317-321-2003		Phone: 1-800-526-2839	
From: _____		UPS tracking #: _____					
Phone: _____		Email: _____					
Site #: _____							
Study: ALLFTD Longitudinal Arm <input type="checkbox"/>		ALLFTD Biofluid-Focused Arm <input type="checkbox"/>		Kit #: _____ KIT BARCODE			
RAVE ID: _____		RAVE Cycle: _____					
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Year of Birth: _____					
CSF Collection: (All Times Recorded using 24 hour clock: HHMM)							
1. Date of Draw: _____ [MMDDYY]				2. Time of Draw: _____ [HHMM]			
3. Date participant last ate: _____ [MMDDYY]				4. Time participant last ate: _____ [HHMM]			
Collection Process: <input type="checkbox"/> Gravitational OR <input type="checkbox"/> Pull							
CSF Processing:							
Time spin started: _____				_____ [HHMM]			
Duration of centrifuge: _____				_____ minutes			
Temp of centrifuge: _____ °C				Rate of centrifuge: _____ x g			
Total amount of CSF collected (mL): _____				_____ mL			
Time aliquoted: _____				_____ [HHMM]			
Number of 1.5 mL CSF aliquots created (up to 15 total): (Orange cap cryovials): _____				_____			
If applicable, volume of residual CSF aliquot (less than 1.5 mL): (Blue cap cryovials): _____				_____ mL			
If applicable, specimen number of residual CSF aliquot tube: (Last four digits) _____				_____			
Time frozen: _____				_____ [HHMM]			
Storage temperature of freezer: _____				_____ °C			
NOTES: _____ _____							

## Biological Sample and Shipment Notification Form (CSF)

- Includes expanded CSF processing section
- All aspects of this form must be completed by the study site prior to the samples and sample form being shipped to NCRAD

#### Appendix D: Green Top-Sodium Heparin Redraw/Take Home Sample Form

##### TO BLOOD DRAWING PERSONNEL

This blood sample is for a study sponsored by the National Institute of Health (NIH). Samples are housed at Indiana University School of Medicine. It will need to be shipped to the address below. Please use the enclosed pre-addressed UPS Clinical Pak.

ALLFTD at NCRAD  
Indiana University School of Medicine  
351 W. 10<sup>th</sup> St. TK-217  
Indianapolis, IN 46202  
Phone: 1-800-526-2839

The kit provided contains collection tubes with which to obtain blood from the individual for research purposes. Each kit contains 2 green-topped tubes and all necessary shipping supplies.

DO NOT REFRIGERATE; STORE AT ROOM TEMPERATURE.  
DO NOT DRAW OR SHIP ON FRIDAY OR SATURDAY.  
PLEASE SHIP SAME DAY AS BLOOD IS DRAWN.

Instructions for drawing and shipping blood samples:

1. Place refrigerant pack in freezer 24 hours prior to shipment.
2. Fill **GREEN TUBES** completely, if possible.
3. Invert (do not shake) tube eight to ten times after drawing blood to thoroughly mix additive with sample.
4. **Enclose this form in shipment with samples.** Place green tubes in biohazard bag and seal, then place bag and gel pack in the Styrofoam container and close.
5. Ship samples by **UPS** immediately after drawing. Use the enclosed, pre-paid UPS mailer. There will be no cost to you or the patient for the shipping.

KIT NUMBER (RECORDED ON LABEL): \_\_\_\_\_

RAVE IDENTIFICATION NUMBER (RECORDED ON LABEL): \_\_\_\_\_

RAVE CYCLE NUMBER: \_\_\_\_\_

STUDY SITE ID (RECORDED ON LABEL): \_\_\_\_\_

DATE BLOOD WAS DRAWN: \_\_\_\_\_

DONOR YEAR OF BIRTH: \_\_\_\_\_

DONOR SEX: \_\_\_\_\_

## Redraw/Take-Home Sample Form (PBMC)

- Includes collection and shipping directions for local physician
- All aspects of this form must be completed by the study site prior to the samples and sample form being shipped to NCRAD



## Appendix E: Lavender Top-EDTA Redraw/Take Home Sample Form

### TO BLOOD DRAWING PERSONNEL

This blood sample is for a study sponsored by the National Institute of Health (NIH). Samples are housed at Indiana University School of Medicine. It will need to be shipped to the address below. Please use the enclosed pre-addressed UPS Clinical Pak.

ALLFTD at NCRAD  
Indiana University School of Medicine  
351 W. 10<sup>th</sup> St. TK-217  
Indianapolis, IN 46202  
Phone: 1-800-526-2839

The kit provided contains a collection tube with which to obtain blood from the individual for research purposes. Each kit contains 1 lavender-tube and all necessary shipping supplies.

DO NOT REFRIGERATE; STORE AT ROOM TEMPERATURE.  
DO NOT DRAW OR SHIP ON FRIDAY OR SATURDAY.  
PLEASE SHIP SAME DAY AS BLOOD IS DRAWN.

Instructions for drawing and shipping blood samples:

1. Place refrigerant pack in freezer 24 hours prior to shipment.
2. Fill **LAVENDER TUBES** completely, if possible.
3. Invert (do not shake) tube eight to ten times after drawing blood to thoroughly mix additive with sample.
4. **Enclose this form in shipment with samples.** Place lavender tubes in biohazard bag and seal, then place bag and gel pack in the Styrofoam container and close.
5. Ship samples by **UPS** immediately after drawing. Use the enclosed, pre-paid UPS mailer. There will be no cost to you or the patient for the shipping.

KIT NUMBER (RECORDED ON LABEL): \_\_\_\_\_

RAVE IDENTIFICATION NUMBER (RECORDED ON LABEL): \_\_\_\_\_

RAVE CYCLE NUMBER: \_\_\_\_\_

STUDY SITE ID (RECORDED ON LABEL): \_\_\_\_\_

DATE BLOOD WAS DRAWN: \_\_\_\_\_

DONOR YEAR OF BIRTH: \_\_\_\_\_

DONOR SEX: \_\_\_\_\_

# Redraw/Take-Home Sample Form (DNA)

- Includes collection and shipping directions for local physician
- All aspects of this form must be completed by the study site prior to the samples and sample form being shipped to NCRAD



# Biological Sample and Shipment Notification Forms

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- A copy of the sample form *must* be emailed or faxed to NCRAD prior to the date of sample arrival.
- Please include sample forms in all shipments of frozen and ambient samples.
- Email: [alzstudy@iu.edu](mailto:alzstudy@iu.edu)







# Handling/Processing Study Specimens

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DRAW ORDER

COLLECTION AND ALIQUOTING

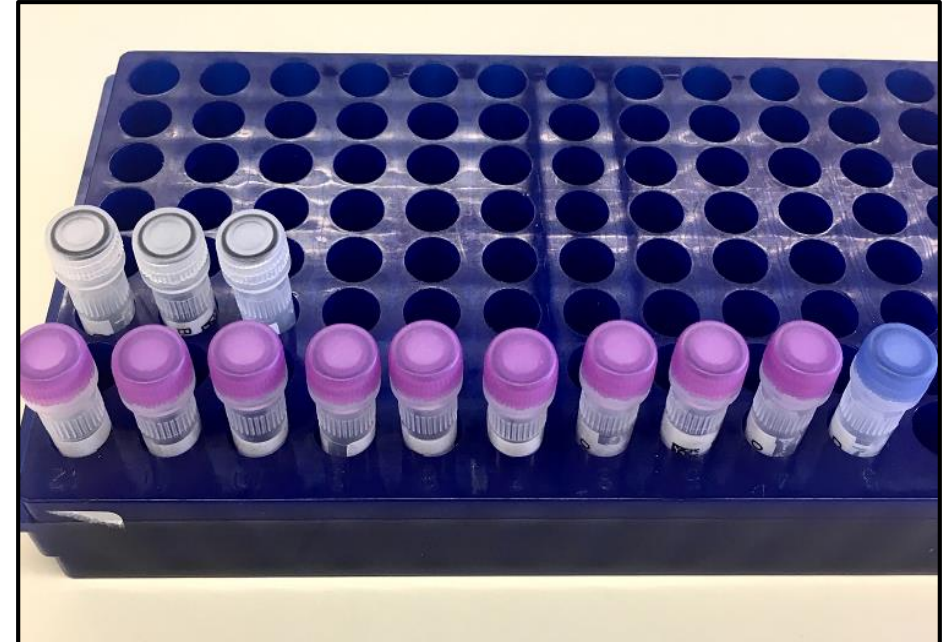
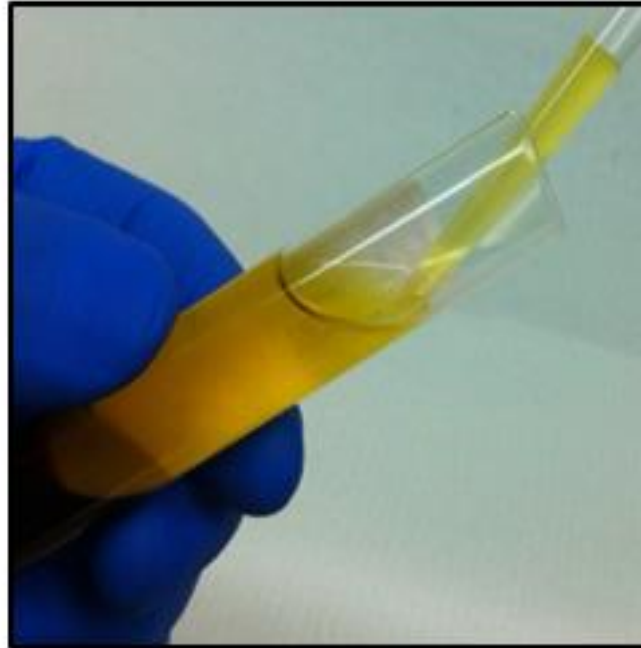
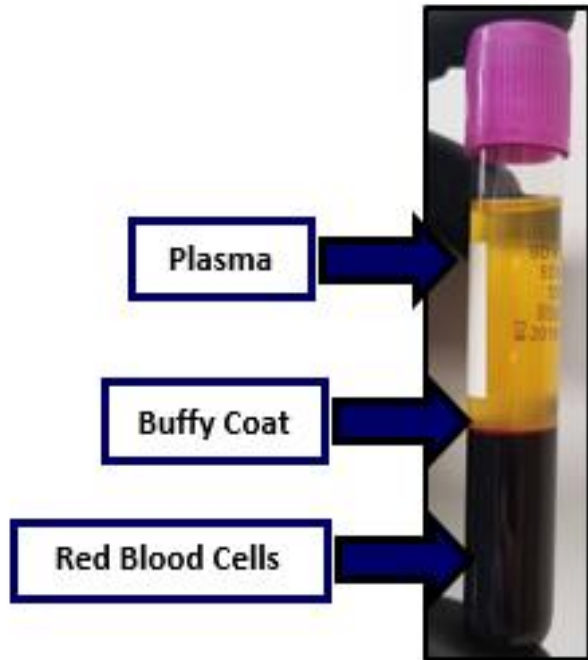
# Blood Draw Order

Tube Type	Number of Tubes Drawn	Tube Image
1. EDTA (Lavender-Top) Tube (10 ml)	x3	
2. Sodium Heparin (Green-Top) Tube (10 ml)	x2	
3. Serum Determination (Red-Top) Tube (10 ml)	x1	
4. PAXgene™ Tube (2.5 ml)	x2	

# Cryovial Cap Colors

Cap Color	Sample Type	Cap Image
Lavender	Plasma	
Clear	Buffy Coat	
Red	Serum	
Orange	CSF	
Blue	Residual Aliquot (Plasma, Serum, or CSF)	

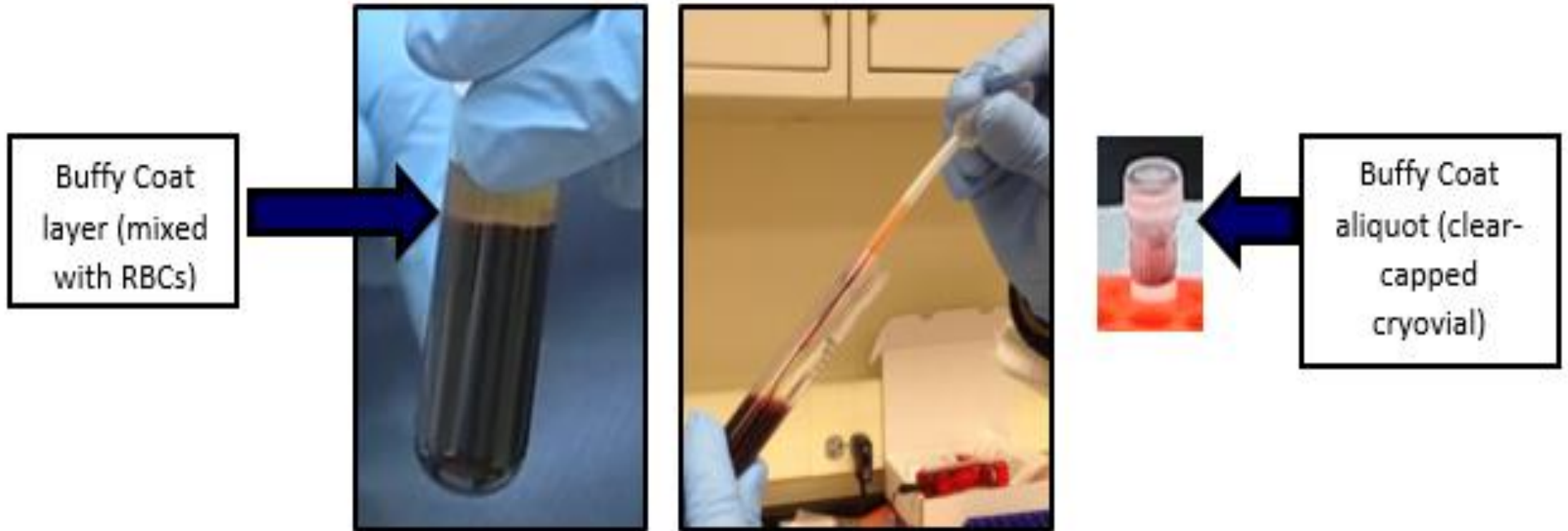
# Plasma Collection



**3 EDTA tubes will yield approximately  
10 plasma aliquots (with 1 residual in  
blue cap) and 3 buffy coats**

Please see the NCRAD tutorial: [https://ncrad.org/resource\\_allftd.html](https://ncrad.org/resource_allftd.html)

# Buffy Coat Collection



Please see the NCRAD tutorial: [https://ncrad.org/resource\\_allftd.html](https://ncrad.org/resource_allftd.html)

# Plasma and Buffy Coat Preparation

Step One



- Store tubes at room temp.
- Each tube should be labeled with Collection Tube and Site and RAVE ID Labels.

Step Two



- Collect blood into each EDTA 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



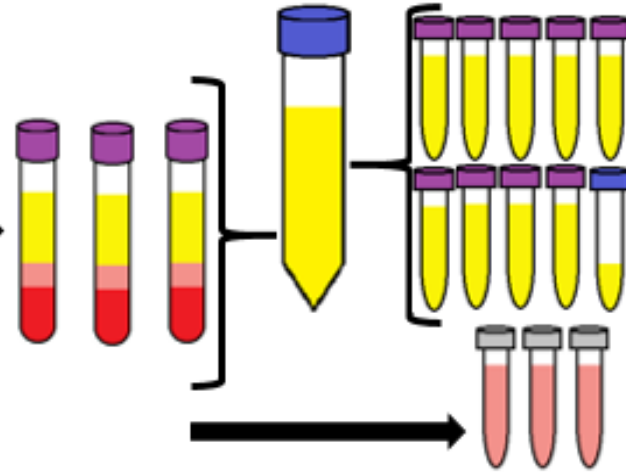
- Place thoroughly mixed tube on wet ice until centrifugation begins.

Step Five



- Centrifuge samples at 1500 x g for 15 minutes at 4°C.

Step Six



- Pool all plasma from the 3 EDTA tubes into a 50 ml conical tube and invert gently 3 times to mix the plasma.

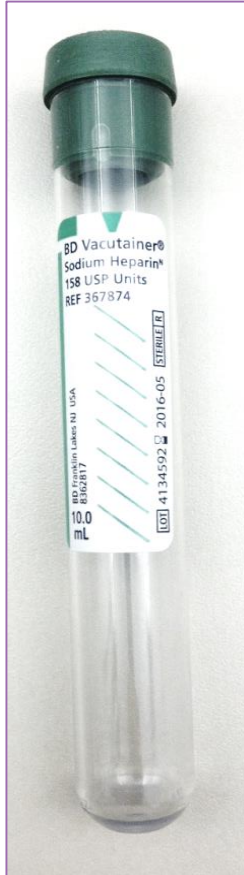
Step Seven

- Label purple-capped cryovials with "PLASMA" labels.
- Aliquot 1.5 ml plasma into each cryovial.
- If residual aliquot is created, document specimen number and volume on Sample Form.
- Store plasma aliquots upright at -80°C until shipment to NCRAD.

Step Eight

- Label clear-capped cryovials with "BUFFY COAT" labels.
- Using a clean transfer pipette, collect the buffy coat (may have residual plasma and some RBCs included).
- Transfer the buffy coat from each EDTA tube into its own cryovial.
- Store buffy coat aliquots upright at -80°C until shipment to NCRAD.
- Spin, aliquot, and freeze all plasma and buffy coat aliquots within 2 hours of collection.

# PBMC Collection

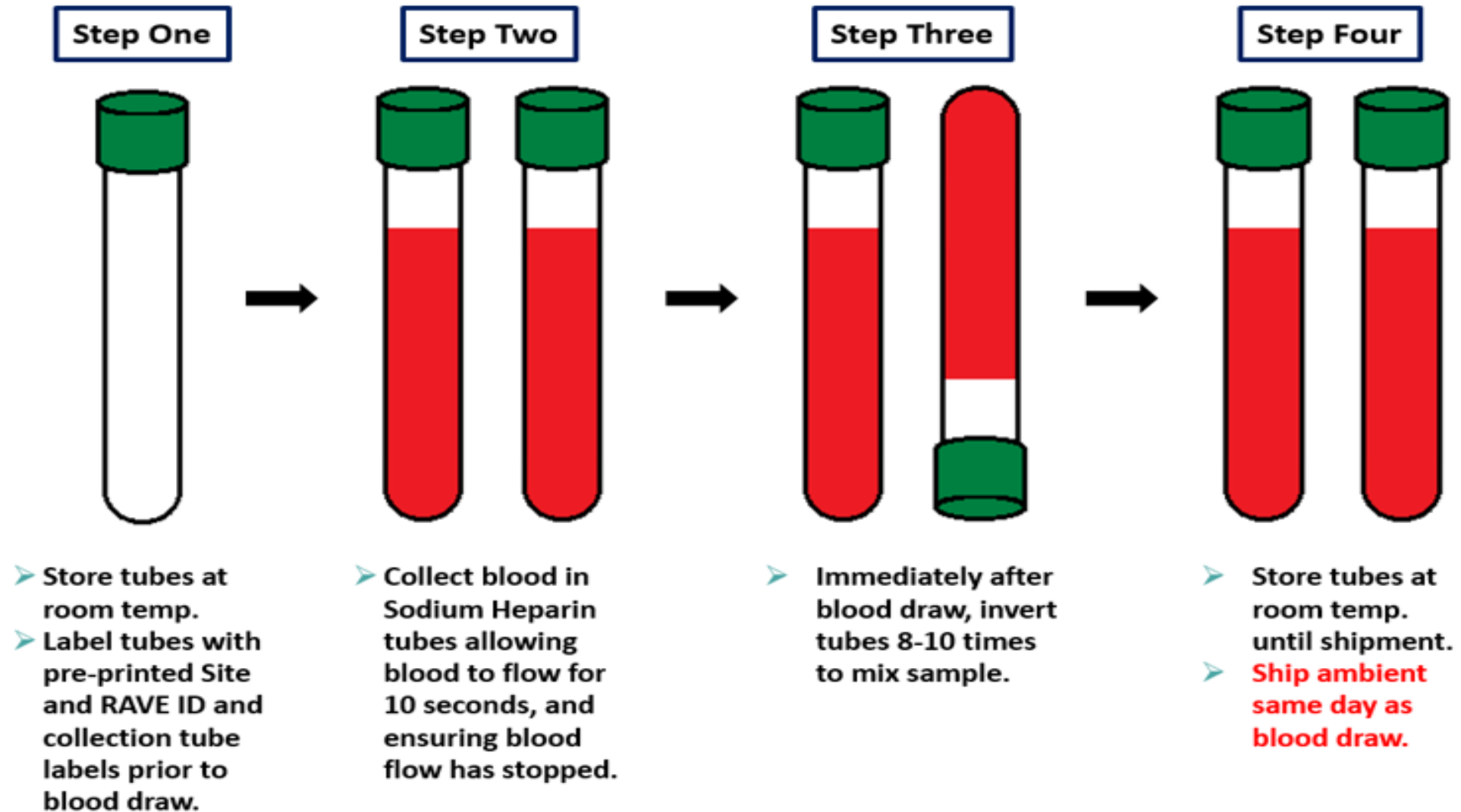


2 x Sodium heparin (green top)  
BD Vacutainer® (10 ml)

- Not processed at site
- **\*NOTE\*: Must be shipped AMBIENT to NCRAD the day sample is drawn.**
- Only draw and ship Monday through Thursday
- No Friday Draws.

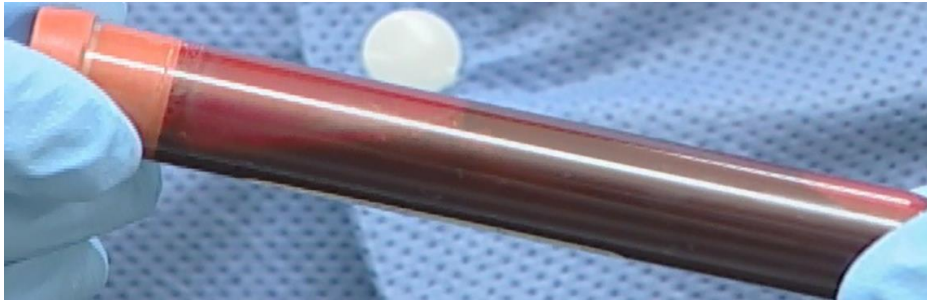


# PBMC Preparation



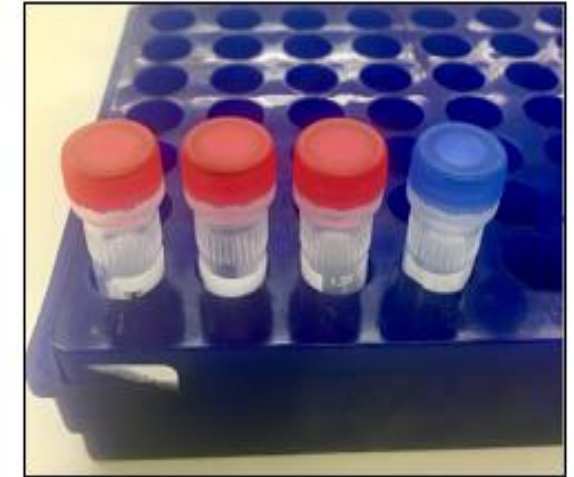
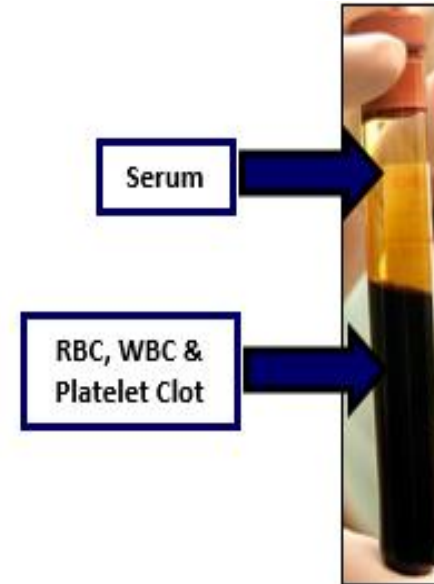


# Serum Collection



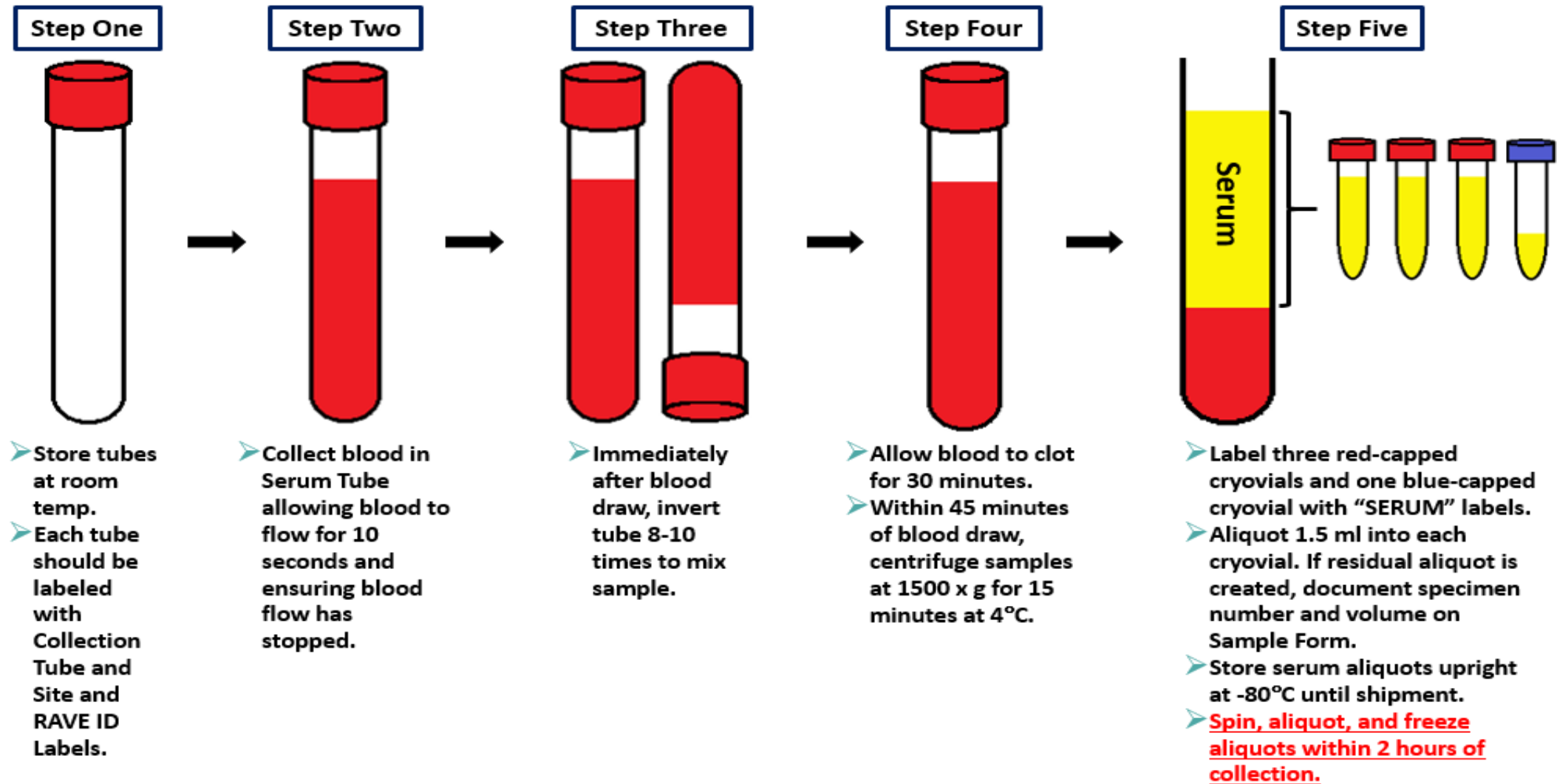
(Immediately after blood draw – pictured above)

\*Please note: After standing at room temperature for 30 minutes, blood will be clotted and immobile\*\*



Serum Aliquots (up to 4 possible with residual)

# Serum Preparation



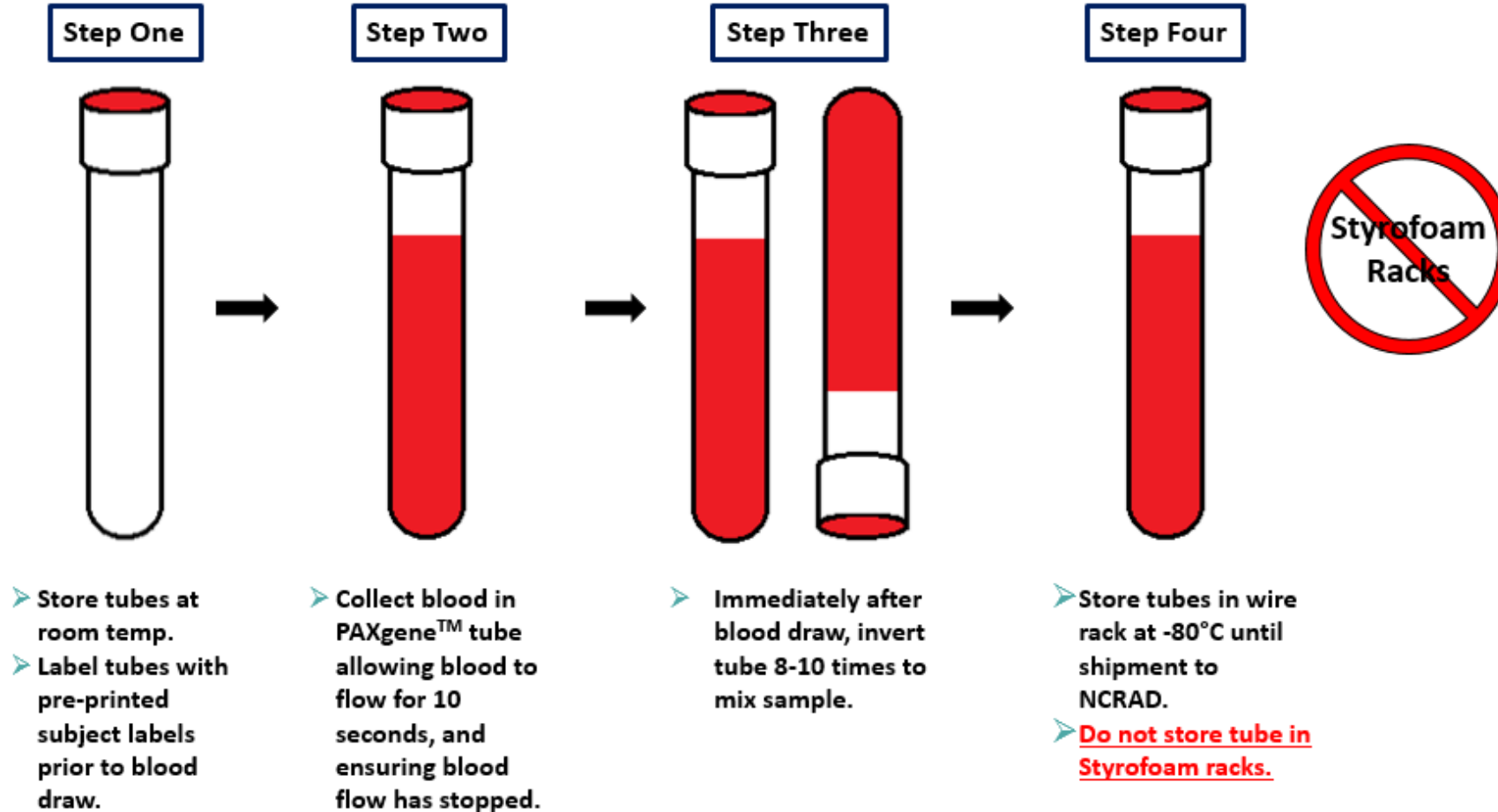
# RNA Collection

<https://www.youtube.com/watch?v=Ir3dFI6oz3U&feature=youtu.be>

- Documented within ALLFTD MOP for site staff review
- Released by PreAnalytix



# RNA Preparation



# CSF Collection and Processing

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SELECT SUBJECTS ONLY

# Pre-Ice CSF Cryovials

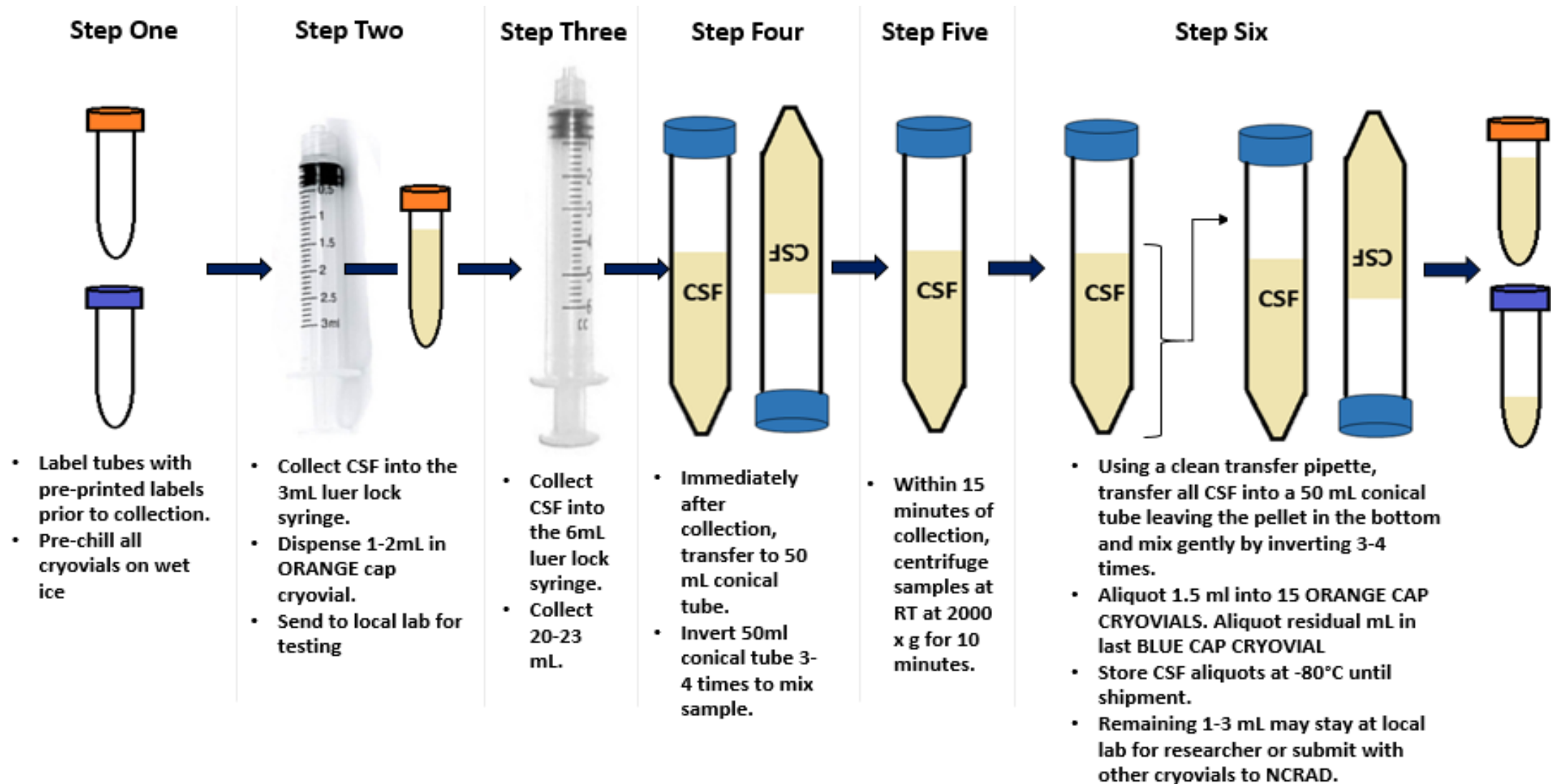
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## Helpful Tips:

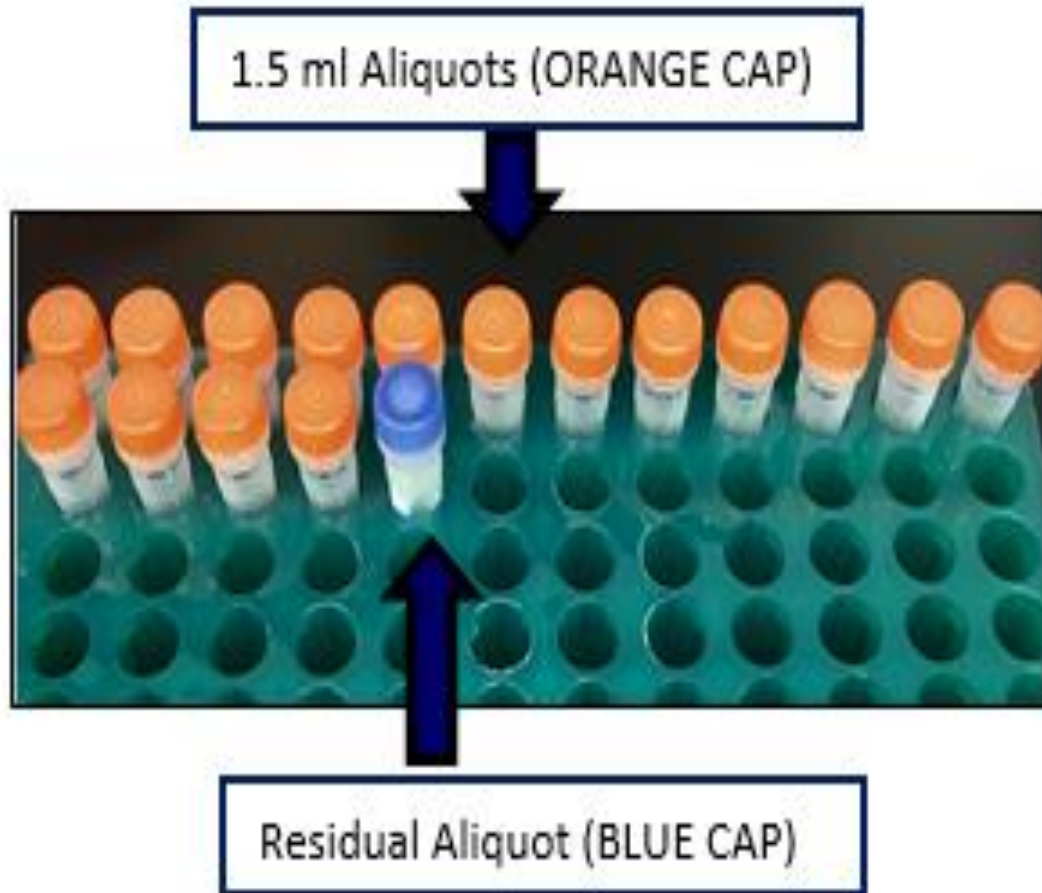
- Keep as organized as possible
- Pre-label prior to adding cryovials in wet ice
- Pre-ice all cryovials included in kit

# CSF Preparation





# CSF Aliquots



- Can collect up to 17 aliquots (including the blue-cap residual)
- Freeze vertically in a cryovial rack or 25-cell cryobox
- 1 extra orange-cap cryovial will be provided without a label. This aliquot will be for local labs
- Tutorial: [https://ncrad.org/resource\\_allftd.html](https://ncrad.org/resource_allftd.html)



# Sample Shipments

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HOW TO SHIP SAMPLES BACK TO NCRAD

# Ambient Sample Shipment

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- Sodium Heparin/PBMC
- Only Monday-Thursday collection and same day shipping. Plan ahead to schedule UPS
- Samples must be received at NCRAD one day after collection.
- Do NOT draw or ship ambient samples on Friday
- Include copy of Biological Sample Shipment and Notification Form

# Ambient Shipment Packaging



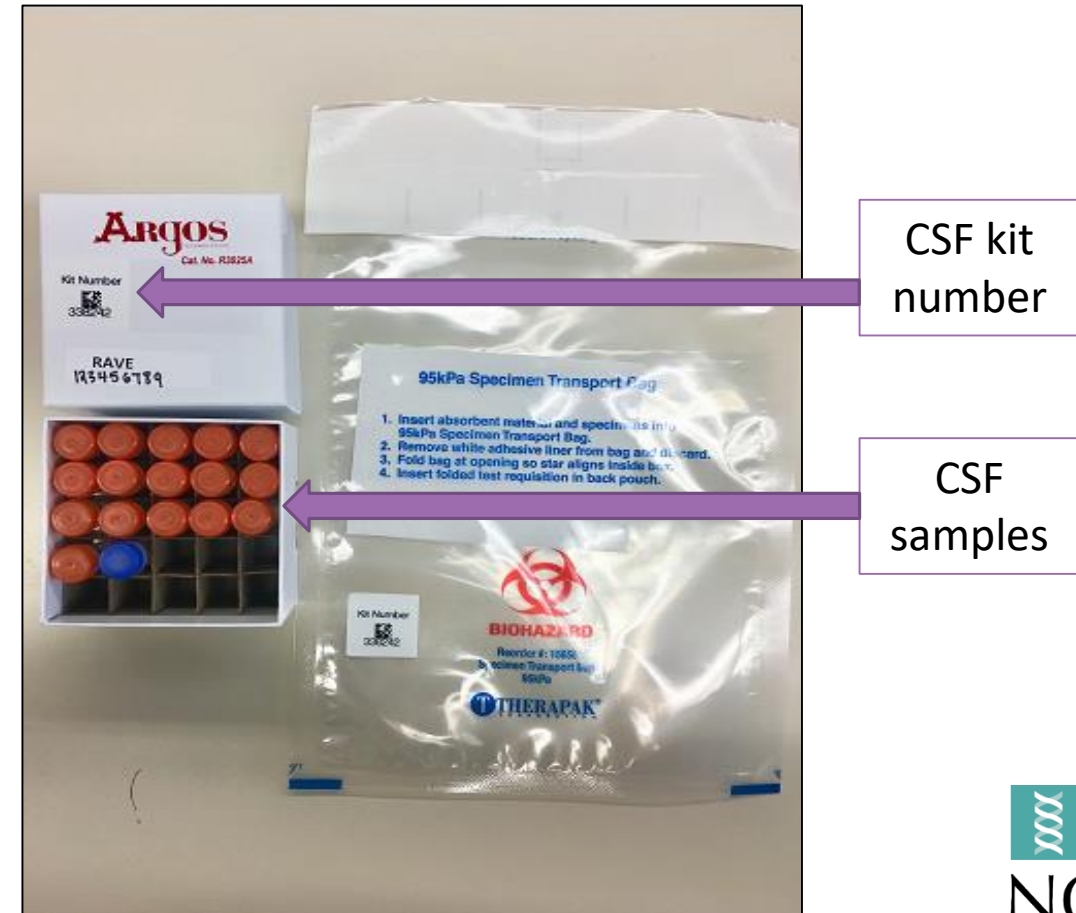
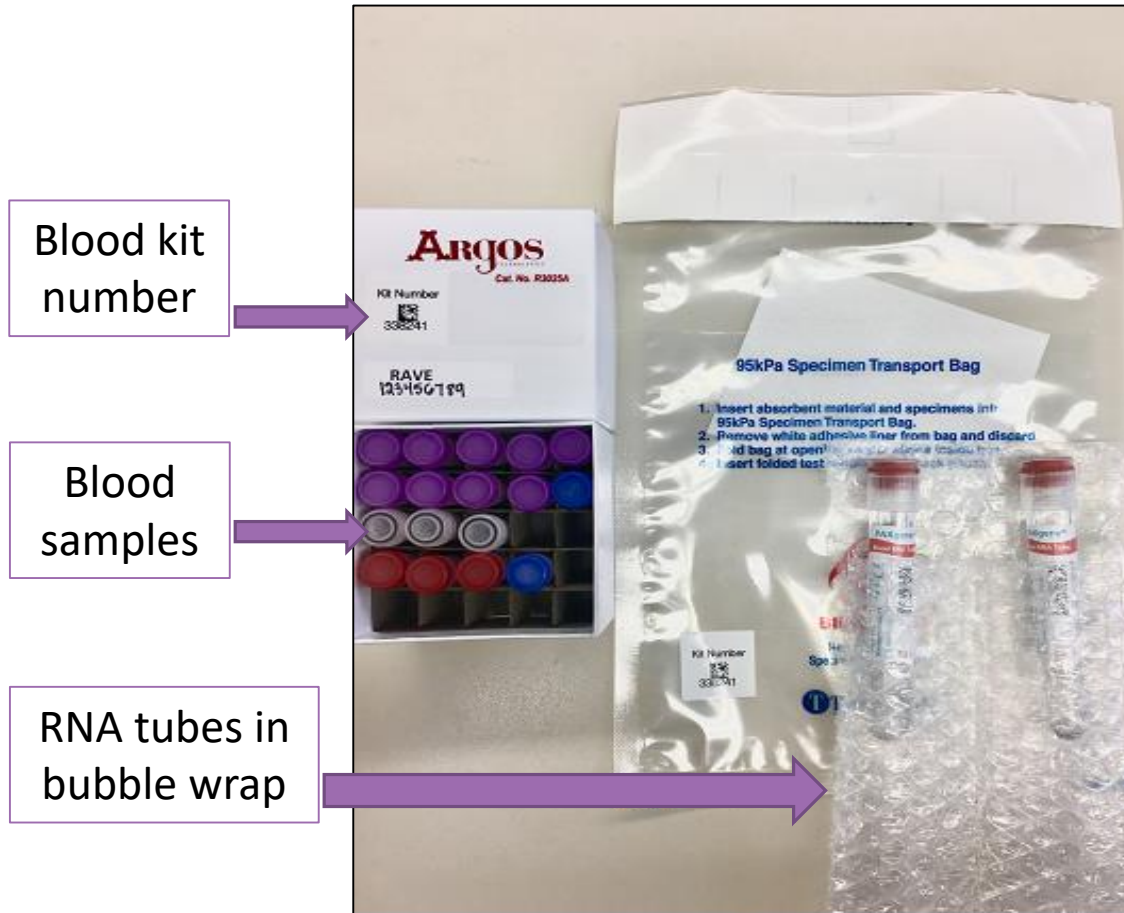
1. Place the ambient PBMC tubes in the absorbent slots and biohazard bag.
2. Place the kit number label on the outside of the biohazard bag.
3. Place the bag inside the small shipping box, and then set the refrigerant pack on top of it.
4. Place small shipping box within a provided UPS Clinical Pak, seal, and follow instructions on XXX to create UPS airbill
5. Note: Gel packs must be put in freezer at minimum the night before shipping

# Frozen Batch Sample Shipment

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- All other samples
  - Plasma, Buffy Coat, Serum, RNA, and CSF
  - **Ship Monday-Wednesday Only**
- Hold packaged samples in a -80°C freezer until pickup.
- Include copy of Biological Sample Shipment and Notification Form

# Frozen Batch Sample Shipment



# Frozen Batch Sample Shipment

- Batch shipping should be performed quarterly or when 8 cryoboxes of samples have been collected
  - **Example #1:** 4 subjects with blood AND CSF collected (8 total cryoboxes for 4 subjects)
  - **Example #2:** 8 subjects with ONLY blood collected (8 total cryoboxes for 8 subjects)
  - **Example #3:** 2 subjects with blood AND CSF collected (4 total cryoboxes for 2 subjects) and 4 subjects with ONLY blood collected (4 total cryoboxes for 4 subjects)

**\*No more than 8 cryoboxes per batch frozen shipment\***

# Frozen Batch Sample Shipment



- 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.



# Frozen Batch Sample Shipment

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!

The diagram shows a Class 9 Dry Ice shipping label with the following sections and callouts:

- Top Left:** Shipper's Declaration not Required. Part B is required. Dry Ice amount must be in kilograms. Note: 2 lbs. = 1 kg.
- Top Right:** Airwaybills/Airbills must have the following:
  - 1. "Dangerous Goods - Shipper's Declaration not required".
  - 2. Dry Ice: 9; UN1845;
  - 3. \_\_\_\_\_ x \_\_\_\_\_ Kg III (Number packages) (net.)
- Center:** A large diamond-shaped hazard label with vertical black and white stripes and the number "9" in the center.
- Bottom Left:** A box labeled "DRY ICE kg." with a callout: "Net weight of dry ice in kg". Below it is a box for "Shipper's Name and Address" with a callout: "Your name & address".
- Bottom Right:** A box labeled "UN1845" with a callout: "Repository name & address". Below it is a box for "Consignee Name and Address".
- Bottom Center:** S-2844 ULINE 1-800-295-5510



# UPS System

1. Log into the ShipExec Thin Client at [kits.iu.edu/UPS](http://kits.iu.edu/UPS)
  - If a new user or contact needs access, please reach out to your study contact for access
2. Follow instructions on section 8.3 of ALLFTD Manual of Procedures to create your return airbill and schedule a UPS pickup

# NCRAD Website – ALLFTD Page

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- Specimen collection overview
- Link to kit request module
- Sample forms
- MOP
- Training Slides

[https://ncrad.iu.edu/resource\\_allftd.html](https://ncrad.iu.edu/resource_allftd.html)

# NCRAD Website – Helpful Pages



## 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.



## 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

[https://ncrad.org/holiday\\_closures.html](https://ncrad.org/holiday_closures.html)  
[https://ncrad.org/friday\\_blood\\_draws.html](https://ncrad.org/friday_blood_draws.html)



NCRAD

# ALLFTD Contact Information

## General Information

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