

# Operating Manual for the preparation and shipment of centralised biological samples for the study:

## EU-SolidAct Study

**In case of problems or questions concerning the preparation and the shipment of the samples,  
please contact THERADIS PHARMA:**

**Email: [solidact@theradispharma.com](mailto:solidact@theradispharma.com)**

**Tel: +33 (0)4 97 02 09 39 / Fax : +33 (0)4 97 10 08 78**

**Contacts: Tu Van Pham (Project Leader) and the Coordination Team**



1.	Sample schedule.....	Page 3
2.	Documents for the biological samples.....	Page 4
3.	Material for the biological samples .....	Page 5
4.	Identification of cryotubes .....	Page 6
5.	Sampling material and transfer material details.....	Page 7
6.	Completion of the Patient Requisition Form for the centralised analyses.....	Page 8
7.	Data Clarification Form / Query resolution process .....	Page 10
8.	Important Sampling Information.....	Page 11
10.	Sampling / Preparation of samples.....	Page 13
11.	Shipment of frozen samples .....	Page 16
12.	Shipment of frozen samples to THERADIS PHARMA.....	Page 17

**Study title:** Multinational, European, Adaptive Platform trial used for new clinical trials targeting SARS-CoV-2 in short-term and other emerging infectious diseases in the longer term.

A double blind, multicentre, randomized, placebo-controlled, phase III trial to investigate the safety and efficacy of baricitinib + standard of care (SoC) compared with placebo + SoC on the occurrence of death in male and female participants aged > 18 years with severe COVID-19

The patients will be sampled for the centralised analyses at the **following visits**:

Visits	Baseline (D1)	D3	D8	D15	D22
EDTA-Plasma sample	X*	X	X	X	X
Serum sample	X*	X	X	X	X
Naso-oropharyngeal swab **	X*	X	X	X	

\* Before drug intervention

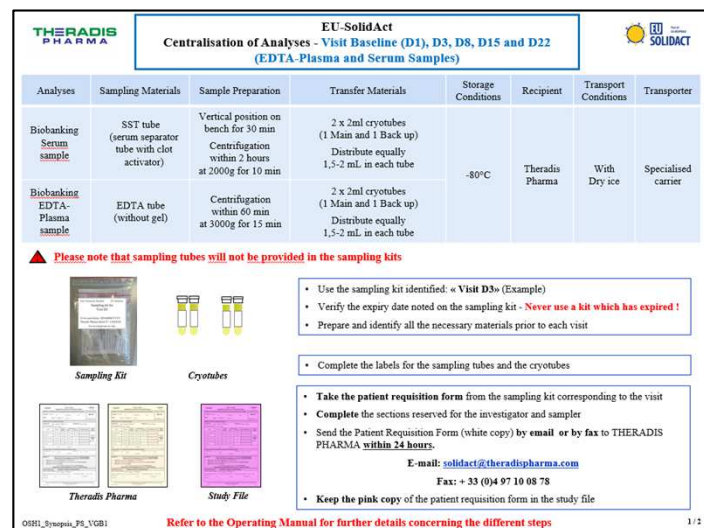
\*\* If nasopharyngeal sample is not possible, an oropharyngeal sample is an alternative

### Operating Manual



- One operating manual per site (in local language)

### Synopsis



- A synopsis in English which will summarise the main steps to prepare the samples, inserted in each sampling kit

### Patient Requisition Form

**EU-SolidAct Study**  
Requisition Form (RF) for Visit D3

Int. Ref.: OSH1001

**Investigator section: The day of the visit, complete this section and transmit the RF to the sampler**

Investigator (or Delegate): Name: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_ Signature: \_\_\_\_\_  
 Patient: Centre N°: \_\_\_\_\_ Patient N°: \_\_\_\_\_

**QR code**  
 OSH1-D3-LAN-XXX

**Sampling section: To be completed by the sampler**

Date of Sampling: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Sampling: \_\_\_\_:\_\_\_\_:\_\_\_\_

Analysis	Sampling tube	Tick if sampling is done	Tubes to be stored		Theradis Pharma section	Transport conditions & Destination
			MAIN (white copy)	BACK-UP (yellow copy)		
Biobanking Serum	SST tube	<input type="checkbox"/>	1 cryotube 2mL	1 cryotube 2mL		Transport with dry ice organised by Theradis Pharma
Biobanking Plasma	EDTA tube	<input type="checkbox"/>	1 cryotube 2mL	1 cryotube 2mL		

Name: \_\_\_\_\_ Visa: \_\_\_\_\_ Comments: \_\_\_\_\_

**Processing section: To be completed by the Technician who handles the samples**

Centrifugation Start Time: \_\_\_\_:\_\_\_\_:\_\_\_\_ Time of Freezing: \_\_\_\_:\_\_\_\_:\_\_\_\_

Name: \_\_\_\_\_ Visa: \_\_\_\_\_ Comments: \_\_\_\_\_

**IMPORTANT** Complete and immediately send the white copy to Theradis Pharma after processing samples:  
 Email: [solidact@theradispharma.com](mailto:solidact@theradispharma.com) or Fax: +33 (0)4 97 10 08 78

- ✓ White copy to be joined with the MAIN tubes sent to Theradis Pharma
- ✓ Yellow copy to be joined with the BACK-UP tubes sent to Theradis Pharma (in a separate shipment)
- ✓ Pink copy to be archived in the study file

In case of problems or questions, please contact Theradis Pharma  
 Email: [solidact@theradispharma.com](mailto:solidact@theradispharma.com) or Tel: +33 (0)4 97 02 09 39

**Theradis Pharma section: Reception of samples at Theradis Pharma**

Date of receipt of the samples: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of samples received: \_\_\_\_ (Please complete the table above) Received in good condition: Yes ☐ No ☐

Received by: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_

Comments: \_\_\_\_\_

White copy to be joined with the MAIN tubes sent to Theradis Pharma; Yellow copy to be joined with the BACK-UP tubes sent to Theradis Pharma; Pink copy to be archived in the study file

FEL-CKY0703050VFI OSH001\_RF\_D3\_VGB3 Page 1/1

- One requisition form in English per patient inserted in each sampling kit
- The requisition form is a duplicate or triplicate document according to the visit
- The requisition form must be completed at the time of sampling

**In case of problems regarding the material provided and for all other requests, please contact THERADIS PHARMA immediately**

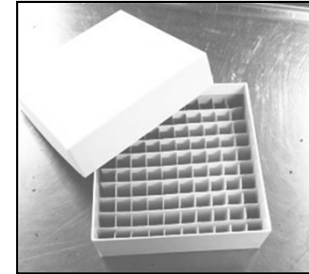
### Biological Sampling Kits



**Sampling kits**, identified by visit:

- Serum and EDTA-Plasma samples (Biobanking)
- Naso-oro-pharyngeal swab

### Cryoboxes “81 positions”



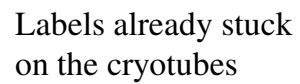
**Cryoboxes** for 2ml cryotubes for storage on-site and for shipment to Theradis Pharma:

- A cryobox for Main cryotubes
- A cryobox for Back-up cryotubes



**Please note that sampling tubes for Plasma and Serum will not be provided in sampling kits**

**In case of problems regarding the material provided and for all other logistic requests, please contact THERADIS PHARMA immediately**



**Sampling Date (Collection date) = DD/MMM/YYYY e.g. : 01/APR/2021**

## Sampling tubes and transfer tubes details

Analyses	Visit	Sampling Material *	Sample Preparation	Transfer Material	Storage Conditions	Transport Conditions	Destination
Biobanking Serum sample	Baseline (D1), D3, D8, D15, D22	SST tube (serum separator tube with clot activator)	Vertical position on bench for 30 min  Centrifugation within 2 hours at 2000g for 10 min	2 x 2ml cryotubes (1 Main and 1 Back up)  Distribute equally 1,5-2 mL in each tube	-80°C	With Dry ice	THERADIS PHARMA
Biobanking EDTA-Plasma sample	Baseline (D1), D3, D8, D15, D22	EDTA tube (without gel)	Centrifugation within 60 min at 3000g for 15 min	2 x 2ml cryotubes (1 Main and 1 Back up)  Distribute equally 1,5-2 mL in each tube			
Naso-oropharyngeal swab	Baseline (D1), D3, D8, D15	1 sampling flocked swab + Transport medium 3ml	NA	2x 2ml cryotubes  Distribute equally 1,5 mL in each tube			

**\* Please note that sampling tubes for Plasma and Serum will not be provided in sampling kits**



## 6 – Completion of the Patient Requisition Form for Biobanking

THERADIS PHARMA		EU-SolidAct Study Requisition Form (RF) for Visit D3		EU SOLIDACT		
Investigator section: The day of the visit, complete this section and transmit the RF to the sampler				Int. Ref.: OSH001		
Investigator (or Delegate) ..... Name ..... Date (DD/MM/YYYY) ..... Signature .....				QR code		
Patient: ..... Centre N° ..... Patient N° .....				OSH1-D3-LXXXX-XXX		
Sampling section: To be completed by the sampler						
Date of Sampling: ..... / ..... / ..... 2 / 0 / ..... Time of Sampling: ..... / ..... / ..... DD MM YYYY HH Min						
Analysis	Sampling tube	Tick if sampling is done	Tubes to be stored		Theradis Pharma section	Transport conditions & Destination
			MAIN (white copy)	BACK-UP (yellow copy)		
Biobanking Serum	SST tube	<input type="checkbox"/>	1 cryotube 2mL	1 cryotube 2mL		Transport with dry ice organised by Theradis Pharma → Theradis
Biobanking Plasma	EDTA tube	<input type="checkbox"/>	1 cryotube 2mL	1 cryotube 2mL		
Name: ..... Visa: ..... Comments: .....						
Processing section: To be completed by the Technician who handles the samples						
Centrifugation Start Time: ..... / ..... / ..... Time of Freezing: ..... / ..... / ..... HH Min HH Min						
Name: ..... Visa: ..... Comments: .....						
<b>IMPORTANT</b> Complete and immediately send the white copy to Theradis Pharma <u>after processing samples</u> : Email: <a href="mailto:solidact@theradispharma.com">solidact@theradispharma.com</a> or Fax: +33 (0)4 97 10 08 78 <input checked="" type="checkbox"/> <b>White copy</b> to be joined with the MAIN tubes sent to Theradis Pharma <input checked="" type="checkbox"/> <b>Yellow copy</b> to be joined with the BACK-UP tubes sent to Theradis Pharma (in a separate shipment) <input checked="" type="checkbox"/> <b>Pink copy</b> to be archived in the study file In case of problems or questions, please contact Theradis Pharma Email: <a href="mailto:solidact@theradispharma.com">solidact@theradispharma.com</a> or Tel: +33 (0)4 97 02 09 39						
Theradis Pharma section: Reception of samples at Theradis Pharma						
Date of receipt of the samples: ..... / ..... / ..... 2 / 0 / ..... DD MM YYYY						
Number of samples received: ..... / ..... (Please complete the table above) Received in good condition: Yes <input type="checkbox"/> No <input type="checkbox"/>						
Received by: ..... Name ..... Signature ..... Date (DD/MM/YYYY) .....						
Comments: .....						
White copy to be joined with the MAIN tubes sent to Theradis Pharma; Yellow copy to be joined with the BACK-UP tubes sent to Theradis Pharma; Pink copy to be archived in the study file						
FDL-CR-V07010505VP1		OSH001_RF_D3_VGB3		Page 1/1		



- At the time of sampling, complete all the information required:

### Investigator Section:

- Name of the Investigator
- Patient Identification
- Date and signature

### Sampling Section:

- Date of Sampling
- Time of Sampling
- Name and signature of the Sampler
- Comments

### Processing Section:

- Centrifugation Start Time
- Time of Freezing
- Name and signature of the Technician
- Comments

- Send the Patient Requisition Form (white copy) **by email** or **by fax** to THERADIS PHARMA **within 24 hours**.

**Email [solidact@theradispharma.com](mailto:solidact@theradispharma.com)**

**Fax : +33 (0)4 97 10 08 78**



- White copy** to be joined with the MAIN tubes sent to THERADIS PHARMA



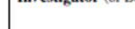
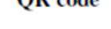
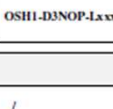
- Yellow copy** to be joined with the BACK-UP tubes sent to THERADIS PHARMA



- Pink copy** to be archived in the study file



### *6 – Completion of the Patient Requisition Form for Naso-oropharyngeal samples*

	<b>EU-SolidAct Study</b> <b>Requisition Form (RF) for Naso-opharyngeal sample for Visit D3</b>				
<b>Investigator section: The day of the visit, complete this section and transmit the RF to the sampler</b>		Int. Ref. : OSH001			
<b>Investigator (or Delegate)</b> ..... <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Name</span> <span>Date (DDMM/YYYY)</span> <span>Signature</span> </div>		<b>QR code</b>    OSH1-D3NOP-LXXXX-XXX			
<b>Patient:</b> ..... <div style="display: flex; justify-content: space-around; font-size: x-small;"> <span>Centre N°</span> <span>Patient N°</span> </div>					
<b>Sampling section: To be completed by the sampler</b>					
<b>Date of Sampling:</b> / / / / <b>Time of Sampling:</b> / / <div style="display: flex; justify-content: space-around; font-size: x-small;"> <span>DD</span> <span>MM</span> <span>YYYY</span> <span>HH</span> <span>Min</span> </div>					
Please tick the box corresponding to the sample type:      Nasopharyngeal sample <input type="checkbox"/> Oropharyngeal sample <input type="checkbox"/> <i>Note : The same procedure should be followed at all time points for the same patient for reproducibility.</i>					
<b>Analysis</b>	<b>Sampling tube</b>	<b>Tick if sampling is done</b>	<b>Tubes to be stored</b>	<b>Theradis Pharma section</b>	<b>Transport conditions &amp; Destination</b>
Nasopharyngeal or Oropharyngeal swab	1 Nasopharyngeal swab + Transport medium 3ml	<input type="checkbox"/>	2 cryotubes 2mL		Transport with dry ice organised by Theradis Pharma ➡ Theradis
Name: ..... Visa: ..... Comments: .....					
<b>Processing section: To be completed by the Technician who handles the samples</b>					
<b>Time of Freezing:</b> / / / / <div style="display: flex; justify-content: space-around; font-size: x-small;"> <span>HH</span> <span>Min</span> </div>					
Name: ..... Visa: ..... Comments: .....					
<b>IMPORTANT</b> Complete and immediately send the white copy to Theradis Pharma <u>after processing samples</u> : <b>Email: solidact@theradispharma.com or Fax: +33 (0)4 97 10 08 78</b> <input checked="" type="checkbox"/> <b>White copy</b> to be joined with the tubes sent to Theradis Pharma <input checked="" type="checkbox"/> <b>Pink copy</b> to be archived in the study file In case of problems or questions, please contact <b>Theradis Pharma</b> <b>Email: solidact@theradispharma.com or Tel: +33 (0)4 97 02 09 39</b>					
<b>Theradis Pharma section: Reception of samples at Theradis Pharma</b>					
<b>Date of receipt of the samples:</b> / / / / <div style="display: flex; justify-content: space-around; font-size: x-small;"> <span>DD</span> <span>MM</span> <span>YYYY</span> </div>					
Number of samples received: / (Please complete the table above)      Received in good condition: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Received by: ..... <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Name</span> <span>Signature</span> <span>Date (DDMM/YYYY)</span> </div>					
Comments: ..... ..... .....					



- **At the time of sampling**, complete all the information required:

**Investigator Section:**

- Name of the Investigator
- Patient
- Date and signature

**Sampling Section:**

- Date of Sampling
- Time of Sampling
- Type of sample
- Name and signature of the Sampler
- Comments

**Processing Section:**

- Time of Freezing
- Name and signature of the Technician
- Comments

- Send the Patient Requisition Form (white copy) **by email or by fax** to THERADIS PHARMA **within 24 hours**.

**Email [solidact@theradispharma.com](mailto:solidact@theradispharma.com)**


**Fax : +33 (0)4 97 10 08 78**



- **White copy** to be joined with the MAIN tubes sent to THERADIS PHARMA



- **Pink copy** to be archived in the study file

THERADIS PHARMA		DATA CLARIFICATION FORM	
		DCF N°:	
SPONSOR: OSLO UNIVERSITY HOSPITAL		PROTOCOL: EU-SolidAct	
INVESTIGATOR:		CENTRE N°:	
Section reserved for Theradis Pharma:			
Date of query request (DD/MM/YYYY):		From:	
Patient N°: / / - / / Centre N° Patient N°		Visit:	
Sampling date (DD/MM/YYYY):			
MISSING DATA OR DATA TO BE CONFIRMED			
Comments:			
Section reserved for CRA and/or Investigator:			
CORRECT DATA			
Comments:			
Date: / / DD MM YYYY		Signature:	
 Please fax immediately this completed document to Theradis Pharma +33 (0)4 97 10 08 78 Please contact us if you have any question Tel : +33 (0)4 97 02 09 39 Email : solidact@theradispharma.com			
DCF RHO08012902V GB2		DCF_EU-SolidAct_VGB1	
		page 1/1	

## Anomalies: incorrect, missing, unreadable data on the Patient Requisition Form

- In case of discrepancies, a Data Clarification Form (DCF) will be
  - issued by THERADIS PHARMA
  - and sent by email or by fax to the centre responsible for the anomaly (copy to CRA Responsible and Sponsor)

- Immediately after receiving the DCF, please complete the “Section reserved for CRA and/or Investigator”:

- Correct data
- Any comments
- Date and signature

- Send the DCF by email or by fax to THERADIS PHARMA **within 24 hours**.

**Email: [solidact@theradispharma.com](mailto:solidact@theradispharma.com)**

**Fax: +33 (0)4 97 10 08 78**

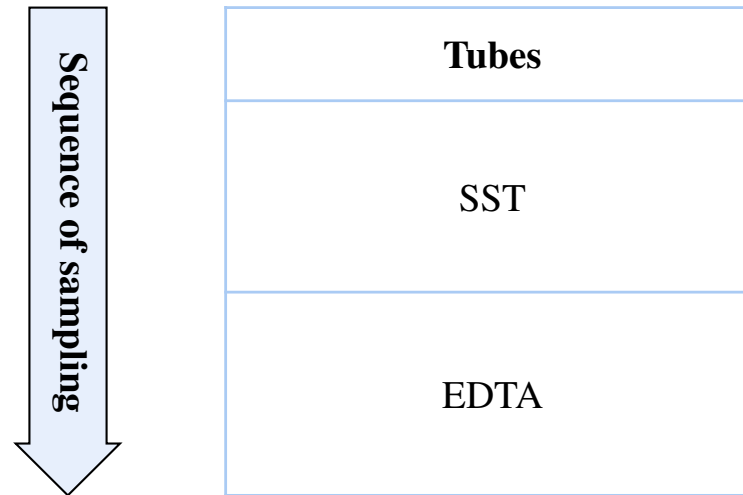
- DCFs non resolved after **1 week** will be sent again by email or by fax to the centre (copy to CRA Responsible and Sponsor)

**ATTENTION !**  
**Important Information**

- It is essential to respect the process described on the following pages for each analysis
- Check the expiry date noted on the sampling kit. **Never use a kit which has expired !**
- Use the kit corresponding to the visit
- Prepare all the material prior to each sampling. **Write the Patient N° and the sampling date** on the label stuck on each cryotube.
- Respect the sequence for sampling the tubes as described on page **12**
- Aliquoting must be done **immediately after centrifugation** using one pipet per sampling tube type
- After each sampling, place the samples in the cryobox provided and store at **-80°C until shipment**
- If a sampling kit is not usable, please send the Patient Requisition Form which is in the sampling kit by email or by fax to THERADIS PHARMA



## Sequence of sampling



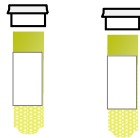
**Please note that sampling tubes pictures (on pages 13 and 14) are for reference only.  
Tube and cap colours may differ depending on the manufacturers.**

# Serum samples for Biobanking at: Baseline (D1), D3, D8, D15, D22 Visits

## Material



SST tube  
(serum separator tube  
with clot activator)



2 labelled cryotubes

EU-SolidAct  
(00000)

Visit D3  
Serum/Main/2mL

Patient:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Sampling date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_ - 20\_\_\_\_

EU-SolidAct  
(00000)

Visit D3  
Serum/Back-up/2mL

Patient:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

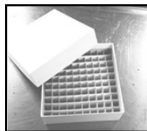
Sampling date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_ - 20\_\_\_\_

## Sampling, sample preparation and storage on site

**Please note that  
sampling tubes will  
not be provided in  
sampling kits**



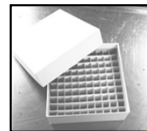
Main



Cryobox for  
“Main” tubes



Back-up



Cryobox for  
“Back-up” tubes



### Blood sampling:

- Take a blood sample using the SST tube (serum separator tube with clot activator)
- **Note the time of sampling on the requisition form**

### Preparation:

- Immediately after sampling, **homogenise gently by inverting 8 to 10 times** the SST tube without shaking it
- Allow the blood content of the tube to clot in the upright position at room temperature for approximately 30 minutes
- Centrifuge within 2 hours for 10 minutes at 2000g
- **Immediately after centrifugation of the tube** use the pipet to distribute equally **1,5-2 mL** of serum (leave approximately 0,5 cm above the cell layer) into each of the 2 transfer tubes labelled «**Serum/Main/2mL**» and «**Serum/Back-up/2mL**»

*Note: Handling of serum tubes can be grouped if blood from several patients is drawn on the same day. In the meantime, store the sampling tubes at 4°C (vertical position for the coagulation of the serum) until centrifugation. Record the time from sampling to freezing in the eCRF.*

### Storage:

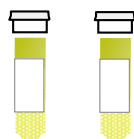
- **Immediately** place the “Main” cryotube in the cryobox identified for the study “**2ml Main cryotubes**” and the back-up cryotube in the cryobox identified for the study “**2ml Back-up cryotubes**”
- **Store at -80°C** until shipment (the cryotubes should be frozen at nominal - 80°C, as soon as possible and latest within 12 hours)

*Note: Short-term freezing at -20°C for up to one week is acceptable if -80°C freezer is not available.*

- Keep the **white** copy of the patient requisition form. It will be placed in the front pouch of the diagnobag at the time of shipping the Main tubes
- Keep the **yellow** copy of the patient requisition form. It will be placed in the front pouch of the diagnobag at the time of shipping the Back-up tubes
- Keep the **pink** copy of the patient requisition form in the study file

# EDTA plasma samples for Biobanking at: Baseline (D1), D3, D8, D15, D22 Visits

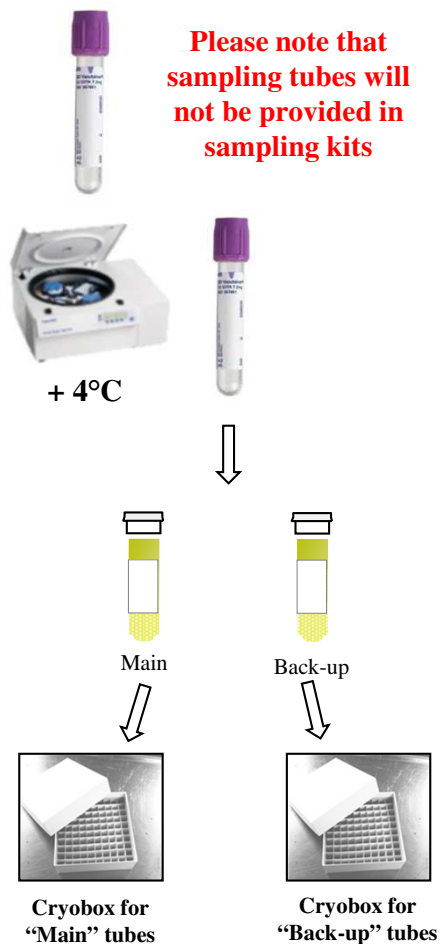
## Material



EU-SolidAct  
Visit D3  
EDTA-Plasma/Main/2mL  
Patient: \_\_\_\_\_  
Sampling date: \_\_\_\_/\_\_\_\_/\_\_\_\_ - 20 \_\_\_\_/\_\_\_\_/\_\_\_\_

EU-SolidAct  
Visit D3  
EDTA-Plasma/Back-up/2mL  
Patient: \_\_\_\_\_  
Sampling date: \_\_\_\_/\_\_\_\_/\_\_\_\_ - 20 \_\_\_\_/\_\_\_\_/\_\_\_\_

## Sampling, sample preparation and storage on site



### Blood sampling:

- Take a blood sample using the EDTA tube (preferably without gel)
- **Note the time of sampling on the requisition form**

### Preparation:

- **After sampling**, homogenise gently by inverting 8 to 10 times the EDTA tube without shaking it
- **Centrifuge** as soon as possible (preferably within 30 minutes, latest within 60 minutes) at 3000g for 15 minutes at **4° C**
- **Immediately after centrifugation of the tube** use the pipet to distribute equally **1,5-2 mL** of plasma (leave approximately 0,5 cm above the cell layer) into each of the 2 transfer tubes labelled «**EDTA-Plasma/Main/2mL**» and «**EDTA-Plasma/Back-up/2mL**»

*Note: Handling of plasma tubes can be grouped if blood from several patients is drawn on the same day. In the meantime, store the sampling tubes at 4°C until centrifugation. Record the time from sampling to freezing in the eCRF*

### Storage:

- **Immediately** place the "Main" cryotube in the cryobox identified for the study "**2ml Main cryotubes**" and the back-up cryotube in the cryobox identified for the study "**2ml Back-up cryotubes**"
- **Store at -80°C** until shipment (the cryotubes should be frozen at nominal - 80°C, as soon as possible and latest within 12 hours)

*Note: Short-term freezing at -20°C for up to one week is acceptable if -80°C freezer is not available.*

- Keep the **white** copy of the patient requisition form. It will be placed in the front pouch of the diagnobag at the time of shipping the Main tubes
- Keep the **yellow** copy of the patient requisition form. It will be placed in the front pouch of the diagnobag at the time of shipping the Back-up tubes
- Keep the **pink** copy of the patient requisition form in the study file



## Naso-oropharyngeal sample: Baseline (D1), D3, D8, D15 Visits

### Material

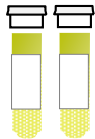


Naso-oropharyngeal swab +  
Transport medium 3mL

EU-SolidAct  
Visit D3  
NP-OP

Patient: \_\_\_\_\_

Sampling date: \_\_\_\_/\_\_\_\_/\_\_\_\_ - 20\_\_\_\_/\_\_\_\_/\_\_\_\_



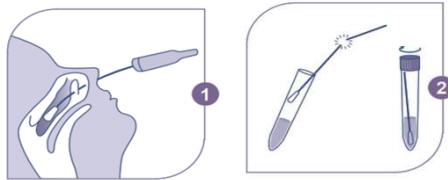
2 labelled cryotubes

EU-SolidAct  
Visit D3  
NP-OP/2mL

Patient: \_\_\_\_\_

Sampling date: \_\_\_\_/\_\_\_\_/\_\_\_\_ - 20\_\_\_\_/\_\_\_\_/\_\_\_\_

### Sampling, sample preparation and storage on site



#### Naso-oropharyngeal swab:

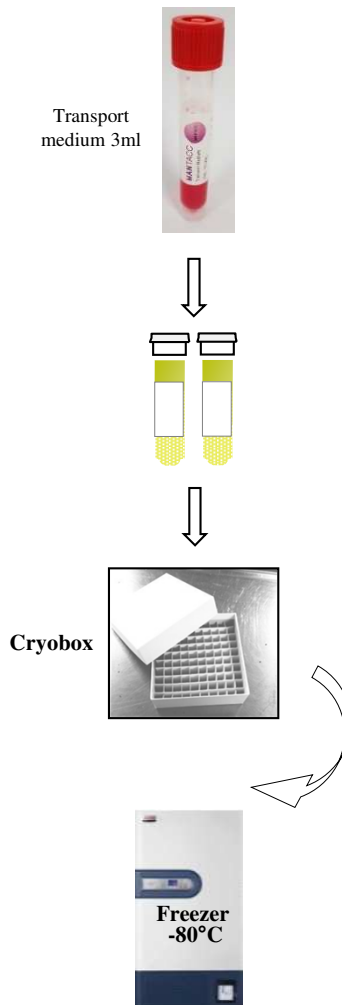
- Perform the nasopharyngeal sample with the swab provided
- Gently insert the swab along the nasal septum, just above the floor of the nasal passage, to the nasopharynx, until resistance is felt.
- Rotate the swab for 5-10 seconds to obtain cellular material.
- Break the swab into the corresponding transport medium 3mL tube and close the tube.
- **Note the sampling time on the requisition form**
- **If nasopharyngeal sample is not possible, an oropharyngeal sample is an alternative. Again, rotate the swab for 5-10 seconds.**
- The same procedure should be followed at all time points for the same patient for reproducibility.**

#### Preparation:

- **Immediately after sampling**, gently invert the transport medium 3mL tube 8 to 10 times without shaking it
- Then use the pipet to distribute equally approximately **1,5 mL** of the transport medium from the tube into each of the 2 transfer tubes labelled «**NP-OP/2mL**»

#### Storage:

- Then place the tubes identified «**NP-OP/2mL**» in the cryobox identified “**2ml Main cryotubes**”
- **Store** the cryobox **at -80° C** until shipment
- Keep the **white** copy of the patient requisition form and place it in the front pouch of the diagnobag at the time of shipping
- Keep the **pink** copy of the patient requisition form in the study file



**Pick-ups will be organised by THERADIS PHARMA from Tuesday to Thursday.**

**3 pick-up per site are planned**

**Before each pick-up, THERADIS PHARMA will notify the centre by email to validate the pick-up date**

**Information for the pick-up of the samples:**

Analyses	Cryoboxes	Destination	Frequency	Carrier	Transport conditions
Biobanking (EDTA-Plasma/Serum) Naso-oro-pharyngeal swab	1 to 3 cryoboxes per transport	THERADIS PHARMA (France)	3 pick-up per site: <ul style="list-style-type: none"> <li>○ 1 shipment for Main tubes</li> <li>○ 1 shipment Main &amp; Back Up tubes</li> <li>○ 1 shipment Back-up tubes</li> </ul>	STARSERVICES/ TSE for France  SAFETRANS or MARKEN for the other sites	With Dry ice

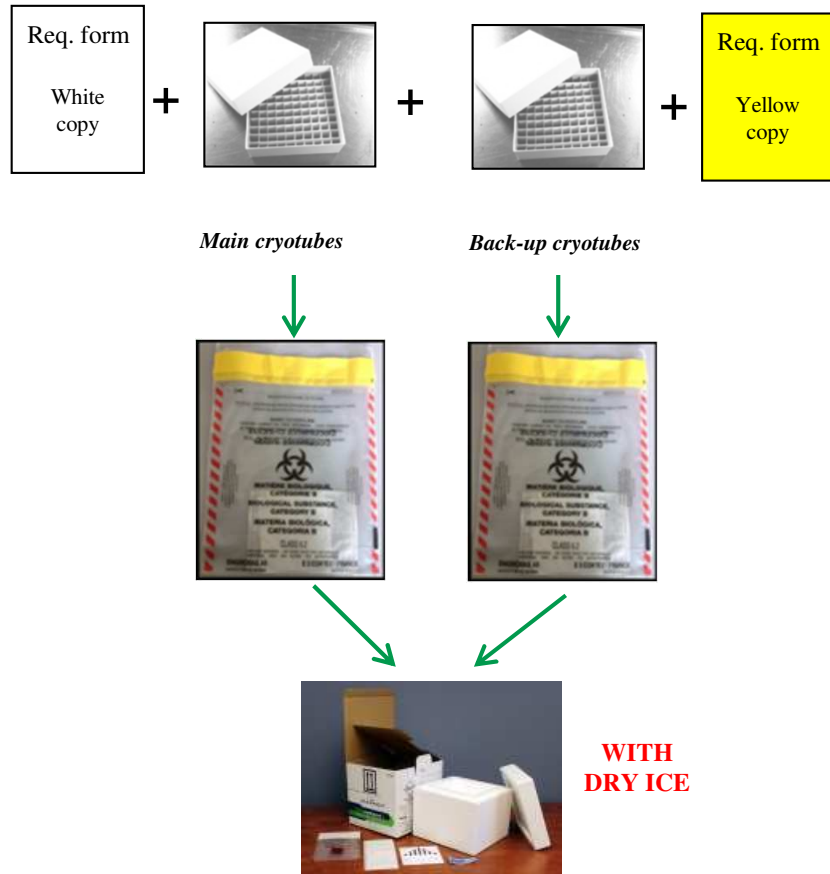
**For one patient, the main and the back-up cryotubes for a same patient must be sent separately  
(two different shipments)**



**Reminder: White copy to be joined with the MAIN tubes  
Yellow copy to be joined with the BACK-UP tubes**

**Material brought by Safetrans, MARKEN or TSE (for France) on the day of shipment:**  
a transport kit, dry-ice, a diagnobag, an airwaybill

**When the carrier arrives:**

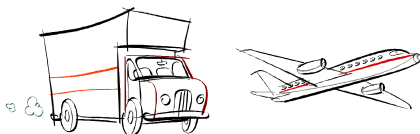


- Take the cryobox identified for the study “**2ml Main cryotubes**”
- Take the cryobox identified for the study “**2ml Back-up cryotubes**” (if applicable) of the previous patients
- Take the white and yellow copies of the patient requisition forms, completed and signed, for all the samples to be sent



**For a same patient, separate shipment for main and back-up cryotubes**

- Place the cryoboxes in the diagnobag provided by the carrier (**1 cryobox per diagnobag**)
- Insert the patient requisition forms in the front pouch of the diagnobag
- Give the cryoboxes to the carrier who will place it in the transport kit
- Verify that dry ice is present
- Verify the destination noted on the airwaybill stuck on the transport kit: **THERADIS PHARMA (France)**
- In case of any problems or questions, immediately contact THERADIS PHARMA
- Keep a copy of the airwaybill in the study file



**On the shipping day, please make sure the carrier has brought dry ice.**  
**Do not give the samples if there is no dry-ice**