

Appendix C: Blood Sample and Shipment Notification Form

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

To: Kelley Faber Email: alzstudy@iu.edu Phone: 1-800-526-2839

From: _____ UPS tracking #: **1Z976R8W84**
 Phone: _____ Email: _____

Study: ADCFB Sex: M F Year of Birth: _____

Site ID: _____ PT ID: _____

GUID: _____

NACC Visit: _____

KIT BARCODE

Blood Collection:

Date of Draw: _____ [MMDDYY]	Time of Draw: _____ [HHMM]
Date participant last ate: _____ [MMDDYY]	Time participant last ate: _____ [HHMM]

PBMC (NaHep Tubes) N/A

#1	Specimen Number (Last four digits): _____	Original volume drawn: _____ ml
#2	Specimen Number (Last four digits): _____	Original volume drawn: _____ ml

Blood Processing:

Plasma & Buffy Coat (EDTA Tube)

EDTA #1 specimen number (Last four digits): _____	Original blood volume of EDTA #1: _____ mL
EDTA #2 specimen number (Last four digits): _____ <input type="checkbox"/> N/A	Original blood volume of EDTA #2: <input type="checkbox"/> N/A
EDTA #3 specimen number (Last four digits): _____ mL <input type="checkbox"/> N/A	Original blood volume of EDTA #3: <input type="checkbox"/> N/A
Time spin started: _____ [HHMM]	Duration of centrifuge: _____ mins
Temp of centrifuge: _____ °C	Rate of centrifuge: _____ x g
Time aliquoted: _____ [HHMM]	Number of 1.5 mL plasma aliquots created (purple cap): _____
Volume of residual plasma aliquot (less than 1.5 mL in blue cap): _____ mL <input type="checkbox"/> N/A	Specimen number of residual plasma aliquot (Last four digits): <input type="checkbox"/> N/A
Buffy coat #1 specimen number (Last four digits): _____	Buffy coat #1 volume: _____ mL
Buffy coat #2 specimen number (Last four digits): _____ <input type="checkbox"/> N/A	Buffy coat #2 volume: <input type="checkbox"/> N/A
Buffy coat #3 specimen number (Last four digits): _____ <input type="checkbox"/> N/A	Buffy coat #3 volume: <input type="checkbox"/> N/A
Time aliquots frozen: _____ [HHMM]	Storage temperature of freezer: _____ °C

Notes: _____