

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: alzstudy@iu.edu Fax: 317-321-2003 Phone: 1-800-526-2839

From: _____ UPS tracking #: _____

Phone: _____ Email: _____

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

APOE ID: _____

GUID: _____

PT ID: _____ N/A

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

RNA (PAXgene™ Tube) N/A

#1	Specimen Number (Last four digits): _____	Original volume drawn: _____ ml	Original volume drawn (1 x 2.5 ml PAXgene™ tube): _____ ml
#2	Specimen Number (Last four digits): _____	Original volume drawn: _____ ml	Time PAXgene™ tube placed in freezer: _____ [HHMM]

Blood Processing:

Plasma & Buffy Coat (EDTA Tube)

EDTA #1 specimen number (Last four digits): _____	EDTA #2 specimen number (Last four digits): _____
Original blood volume of EDTA #1: _____ ml	Original blood volume of EDTA #2: _____ ml
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, up to 6): _____
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 specimen number (Last four digits): _____	Buffy coat #1 volume: _____ ml
Buffy coat #2 specimen number (Last four digits): _____	Buffy coat #2 volume: _____ ml
Time aliquots placed in freezer: _____ [HHMM]	Storage temperature of freezer: _____ °C

Serum (Serum Tube) 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 serum aliquots created (red cap, up to 3): _____
If applicable, volume of residual serum aliquot (less than 1.5 ml in blue cap): _____ ml	If applicable, specimen number of residual serum aliquot (Last four digits): _____
Time aliquots placed in freezer: _____ [HHMM]	Storage temperature of freezer: _____ °C

Notes: _____