



Biospecimen Collection, Processing, and Shipment Manual
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: BenfoTeam Site ID: _____ BENFO- _____ - _____ Sex: M F Year of Birth: _____

GUID: _____

Visit: Screening Baseline Week 8 Week 72 Early Termination

KIT BARCODE

Dose: Pre-dose Post-dose Time of Dose: _____ (24-hour format)

Blood Collection: (24-hour format)

| | |
|---------------------------------------|-------------------------------------|
| Date of Draw: _____ [MMDDYY] | Time of Draw: _____ [HHMM] |
| Date subject last ate: _____ [MMDDYY] | Time subject last ate: _____ [HHMM] |

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: _____ mL <input type="checkbox"/> N/A |
| EDTA #3 specimen number (Last four digits): _____ <input type="checkbox"/> N/A | Original blood volume of EDTA #3: _____ mL <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: _____ mL <input type="checkbox"/> N/A |
| Buffy coat #3 specimen number (Last four digits): _____ <input type="checkbox"/> N/A | Buffy coat #3 volume: _____ mL <input type="checkbox"/> N/A |
| Time aliquots frozen: _____ [HHMM] | Storage temperature of freezer: _____ °C |

Complete following fields for Baseline, Week 8, and Week 72 Visits Only:

| | |
|---|--|
| Number of 1.5 mL washed RBC aliquots created (clear cap): _____ | Number of 1.0 mL whole blood aliquots created (clear cap): _____ |
| Temp of centrifuge: _____ °C | Duration of centrifuge: _____ mins |
| Time aliquoted: _____ [HHMM] | Rate of centrifuge: _____ x g |
| | Time spin started _____ [HHMM] |

Notes: _____