



Appendix B: Blood Sample and Shipment Notification Form

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

	To: Kelley Fabe	er Email: alzstudy@	iu.edu Phone: 1-800-526-2839	
From: UPS tracking #:				
Pho	ne:		Email:	
Study: Duke Memory Disorders Clinic (DMDC)				
Patient ID: MDCB			KIT BARCODE	
Sex: M F Year of Birth:				
Blood Collection:				
	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 specimen number	Plasma & Buffy Co	at (EDIA Tube)	
	(Last four digits):		Original blood volume of EDTA:	mL
	Time spin started:	[HHMM]	Duration of centrifuge:	mins
	Temp of centrifuge:	°C	Rate of centrifuge:	x g
	·		Number of 1.5 mL plasma aliquots	
	Time aliquoted:	[HHMM]	created (purple cap, up to 3):	
	If applicable, volume of		If applicable, specimen number of	
	residual plasma aliquot		residual plasma aliquot	
-	(less than 1.5 mL in blue cap):	mL	(Last four digits):	
	Buffy coat specimen number (Last four digits):		Buffy coat volume:	mL
	Time aliquots frozen:	[HHMM]	Storage temperature of freezer:	°C
Notes:				

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