



Appendix A: **Blood Sample and Shipment Notification Form**

Protocol: MMGE-NIA-NCRAD-OxICU K-76

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

From: _____ Email: _____ Phone: _____

Study: OxICU K-76

Visit: Enrollment (Day 1) ICU Follow Up (Day 4) Hospital Discharge
 6-Month 12-Month 24-Month

KIT BARCODE

Participant ID: K- _____

Sex: M F Year of Birth: _____

Blood Collection: (Please use 24-hour format)

Date participant last ate:	_____ [MMDDYY]
Time participant last ate:	_____ [HHMM]
Date of Draw:	_____ [MMDDYY]
Time of Draw:	_____ [HHMM]
10 ml EDTA Purple Top Tube – Volume of Blood Collected:	_____ mL
10 ml Sodium Heparin Green Top Tube– Volume of Blood Collected:	_____ mL
2.5 ml PAXgene Clear Top Tube– Volume of Blood Collected:	_____ mL
Time Tubes Place on Cold Packs:	_____ [HHMM]

Notes: _____

