

Biological 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

Phone: 1-800-526-2839

General Information:

Coordinator Name: _____

Site Contact Phone: _____

Site Contact Email: _____

Date: _____

Study: AA AAL COV

Visit (circle one): 1 2 3 4 5 6 7 E

Subject Sex: M F

Subject Year of Birth: _____

Tracking #: _____

Kit Barcode:

Blood Collection:

1. Date Drawn (MM/DD/YYYY): _____
2. Time of Drawn (24 hour clock): _____ [HHMM]
3. Last time subject ate (MM/DD/YYYY): _____
4. Last time subject at (24 hour clock): _____ [HHMM]

Blood Processing:

Plasma & Buffy Coat (Lavender Top Tube – 10mL)

Original volume drawn (1x10 mL EDTA tube):	_____ mL
Time spin started (24 hour clock):	_____ [HHMM]
Duration of centrifuge:	_____ minutes
Temp of centrifuge:	_____ °C
Rate of centrifuge:	_____ xg
Time aliquoted:	_____ [HHMM]
Number of 1.5 mL plasma (purple-cap) aliquots created:	_____
If applicable, volume of residual plasma aliquot (less than 1.5 mL-Blue cap):	_____ mL or <input type="checkbox"/> N/A
If applicable, specimen number of residual plasma aliquot (Last four digits):	_____ or <input type="checkbox"/> N/A
Buffy coat aliquot (last four digits):	_____
Buffy coat volume:	_____ mL
Time aliquots placed in freezer (24 hour clock):	_____ [HHMM]
Storage temperature of freezer:	_____ °C

Notes:
