



**Appendix B: CSF Sample and Shipment Notification Form**

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

To: Kelley Faber	Email: <a href="mailto:alzstudy@iu.edu">alzstudy@iu.edu</a>	FAX: 317-321-2003	Phone: 1-800-526-2839
From: _____	UPS tracking #: _____		
Phone: _____	Email: _____		
Site: Madison	<div style="display: flex; justify-content: space-between;"> <span>Kit #:</span> <span>KIT BARCODE</span> </div>		
WRAP ID: _____			
Visit Number (1-10): _____			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F Year of Birth: _____			
<b>CSF Collection:</b>			
Date of Draw: _____	Time of Draw: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Date subject last ate: _____	Time subject last ate: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Collection process: <input type="checkbox"/> Gravitational <b>OR</b> <input type="checkbox"/> Pull			
<b>CSF Processing:</b>			
Original volume drawn:	_____ ml		
Time spin started:	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM		
Duration of centrifuge:	_____ minutes		
Temp of Centrifuge:	_____ °C		
Rate of centrifuge:	_____ rpm		
Time aliquoted:	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM		
Number of 0.5 ml CSF aliquots created (clear-capped cryovials):	_____		
Time aliquots placed in freezer:	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM		
Storage temperature in freezer:	_____ °C		
<b>Notes:</b>			
_____			
_____			