



Appendix B: 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: ACT Sex: M F Year of Birth: _____

KIT BARCODE

Participant ID: _____

Blood Collection:

Date of Draw: _____ [MMDDYY]	Time of Draw: _____ [HHMM]
Date participant last ate: _____ [MMDDYY]	Time participant 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	

Notes: _____