



Appendix G: ALLFTD2 CSF Sample and Shipment Notification Form

Online sample form submission is preferred, use this as back up only

To: Kelley Faber	Email: alzstudy@iu.edu	FAX: 317-278-1100	Phone: 1-800-526-2839
From: _____	FedEx tracking #: _____		
Phone: _____	Email: _____		
Site #: _____			
Study: ALLFTD2	RAVE ID: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Year of Birth: _____
RAVE Cycle (circle one): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Kit #: _____	KIT BARCODE	
CSF Collection:			
1. Date of Draw: _____ [MMDDYY]		2. Time of Draw: _____ [HHMM]	
3. Date participant last ate: _____ [MMDDYY]		4. Time participant last ate: _____ [HHMM]	
Collection Process: <input type="checkbox"/> Gravitational OR <input type="checkbox"/> Pull			
CSF Processing:			
Time spin started:		_____ [HHMM]	
Duration of centrifuge:		_____ minutes	
Temp of centrifuge: _____ °C		Rate of centrifuge: _____ x g	
Total amount of CSF collected (mL):		_____ mL	
Time aliquoted:		_____ [HHMM]	
Number of 1.5 mL CSF aliquots created (up to 16 total): (Orange cap cryovials):		_____	
If applicable, volume of residual CSF aliquot (less than 1.5 mL): (Blue cap cryovials):		_____ mL	
If applicable, specimen number of residual aliquot tube: (Last four digits)		_____	
Time frozen:		_____ [HHMM]	
Storage temperature of freezer:		_____ °C	
NOTES: _____			