



Appendix F: ALLFTD2 PBMC 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: _____	UPS tracking #: _____		
Phone: _____	Email: _____	Site #: _____	
Study: ALLFTD2	RAVE ID: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Year of Birth: _____
ALLFTD2 Visit: _____	Kit #: _____		KIT BARCODE
RAVE Cycle (circle one): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18			
<i>Blood Collection:</i>			
Date of Draw: _____ [MMDDYY]		Time of Draw: _____ [HHMM]	
Date participant last ate: _____ [MMDDYY]		Time participant last ate: _____ [HHMM]	
Storage temperature of freezer: _____ °C			
<i>Blood Processing:</i>			
#1	Last four digits of PBMC barcode: _____		Original volume drawn: _____ ml
#2	Last four digits of PBMC barcode: _____		Original volume drawn: _____ ml
Notes:			