



**Appendix E: ALLFTD2 Remote Blood Sample and Shipment Notification Form**

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

FedEx tracking #: _____ Date: _____	
Phlebotomist Name: _____	
<b>Study: ALLFTD2</b> <b>RAVE ID:</b> _____ <b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F <b>Year of Birth:</b> _____	<b>Kit #:</b> _____ KIT BARCODE
<b>ALLFTD2 Visit (circle one):</b> 3-Month    6-Month    9-Month	
<b>RAVE Cycle (circle one):</b> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	
<b>Height:</b> _____ <b>Weight:</b> _____ <b>Pulse:</b> _____ <b>BP:</b> _____	
Date of Draw: [MMDDYY]	Time of Draw: [HHMM]
Date subject last ate: [MMDDYY]	Time subject last ate: [HHMM]
<b>Priority #</b>	<b>To NCRAD: Plasma (Lavender-top) Tube (10 mL)</b>
	Last 4 digits of EDTA tube #1: _____ Original volume drawn: _____ mL
Time spin started: _____ [HHMM]	Last 4 digits of EDTA tube #2: _____ Original volume drawn: _____ mL
Duration of centrifuge: <b>10 Min.</b>	Time aliquoted: _____ [HHMM]
Temp of Centrifuge: <b>Room Temp.</b>	Number of 1.5 mL plasma aliquots created ( <b>purple cap</b> ): _____ of 6
Rate of centrifuge: <b>1600 x g</b>	Time placed on Dry Ice: _____ [HHMM]
Specimen number of residual plasma aliquot ( <b>last four digits</b> ) _____ <input type="checkbox"/> N/A	Volume of residual plasma aliquot ( <b>less than 1.5mL in blue cap</b> ): _____ mL <input type="checkbox"/> N/A
<b>NOTES:</b>	