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: CLARITI **Sex:** ☐M ☐F **Year of Birth:** _____

Site ID: _____ **PT ID**: _____

NACC ID: _____ **Visit:** ☐Baseline ☐Follow Up

KIT BARCODE

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):**	_____ ☐N/A	Original blood volume of EDTA #2:	_____ mL ☐N/A
EDTA #3 specimen number **(Last four digits):**	_____ ☐N/A	Original blood volume of EDTA #3:	_____ mL ☐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 ☐N/A	Specimen number of residual plasma aliquot **(Last four digits)**:	_____ ☐N/A
Buffy coat #1 specimen number **(Last four digits):**	_____	Buffy coat #1 volume:	_____ mL
Buffy coat #2 specimen number **(Last four digits):**	_____ ☐N/A	Buffy coat #2 volume:	_____ mL ☐N/A
Buffy coat #3 specimen number **(Last four digits):**	_____ ☐N/A	Buffy coat #3 volume:	_____ mL ☐N/A
Time aliquots frozen:	_____ [HHMM]	Storage temperature of freezer:	_____ °C

Notes:_____