

To: Kelley Faber

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**General Information:**

From: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Study: iLEADS: ☐ CI Participant ☐ CN Participant

Visit (circle one): BASELINE M12 M24 M36 M48 M60 M72

Early Termination

Sex: ☐ M ☐ F

Year of Birth: \_\_\_\_\_

CSF Collected? ☐ Yes ☐ No

Tracking #: \_\_\_\_\_

Gauge needle used for LP: ☐ 22G ☐ 24G

Kit #:

KIT BARCODE

**CSF Collection:**

1. Date of Collection (MM/DD/YYYY): \_\_\_\_\_

2. Time of Collection (24 hour clock): \_\_\_\_\_ [HHMM]

3. Last date subject ate (MM/DD/YYYY): \_\_\_\_\_

4. Last time subject at (24 hour clock): \_\_\_\_\_ [HHMM]

**CSF Processing:**

Total amount of CSF collected:	_____ mL
Time spin started (24 hour clock):	_____ [HHMM]
Duration of centrifuge:	_____ minutes
Temp of centrifuge:	_____ °C
Rate of centrifuge	_____ xg
Time aliquoted:	_____ [HHMM]
Number of 1.5mL aliquots created (up to 14 total): (Orange cap cryovial)	_____
If applicable, volume of CSF residual aliquot (Blue cap cryovial)	_____
If applicable, specimen number of residual CSF aliquot (Last four digits):	_____
Time aliquots placed in freezer (24 hour clock):	_____ [HHMM]
Storage temperature of freezer:	_____ °C

**Notes:**

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