

Biological Sample and Shipment Notification Form

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

To: Kelley Faber

Email: alzstudy@iu.edu

Phone: 1-800-526-2839

General Information:

From: _____

Kit #: _____

Phone: _____

KIT BARCODE

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

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:
