

CSF 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 FAX: 317-321-2003 Phone: 1-800-526-2839

General Information:

From: _____ Date: _____

Phone: _____ Email: _____

Study: LEADS CI Participant CN Participant Kit #:

KIT BARCODE

Visit (circle one): BASELINE M12 M24 M36 M48 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: _____ 2. Time of Collection: 24 hour clock: _____ [HHMM]

3. Last time subject ate: Date: _____ 4. Last time subject ate: 24 hour clock: _____ [HHMM]

5. Collection process: Gravity Method OR Aspiration

CSF Processing:

Time spin started: 24 hour clock: _____ [HHMM]

Duration of centrifuge: _____ minutes

Temp of centrifuge: _____ °C Rate of centrifuge: _____ x g

Total amount of CSF collected (mL): _____ mL

Time aliquoted: _____ [HHMM]

Number of 1.5 mL aliquots created (up to 14 total):
(Orange cap cryovials): _____ x 1.5 mL

If applicable, volume of CSF residual aliquot (less than 1.5 mL):
(Blue cap cryovial): _____ mL

If applicable, specimen number of residual aliquot tube:
(Last four digits): _____

Time frozen: _____ [HHMM]

Storage temperature of freezer: _____ °C

Notes: _____