



Biospecimen Collection, Processing, and Shipment Manual  
**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](mailto:alzstudy@iu.edu)    Phone: 1-800-526-2839

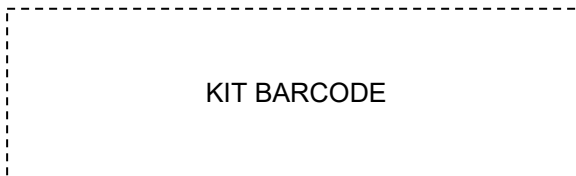
From: \_\_\_\_\_ UPS tracking #: **1Z976R8W84**

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

Study: TMS    StudyID: \_\_\_\_\_

Sex: ☐ M ☐ F    Year of Birth: \_\_\_\_\_

Visit: ☐ Baseline



*Blood Collection: (24-hour format)*

|                                           |                                         |
|-------------------------------------------|-----------------------------------------|
| Date of Draw: _____ [MMDDYY]              | Time of Draw: _____ [HHMM]              |
| Date Participant last ate: _____ [MMDDYY] | Time Participant last ate: _____ [HHMM] |

*Blood Processing:*

**Plasma (EDTA Tube)**

|                                                                                                         |                                                                                                            |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Original blood volume of EDTA #1: _____ mL                                                              | Original blood volume of EDTA #2: _____ mL                                                                 |
| 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 <input type="checkbox"/> N/A | Specimen number of residual plasma aliquot ( <b>Last four digits</b> ): _____ <input type="checkbox"/> N/A |
| Time aliquots frozen: _____ [HHMM]                                                                      | Storage temperature of freezer: _____ °C                                                                   |

Notes: \_\_\_\_\_