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: TMS **StudyID:** _____

Sex: ☐M ☐F **Year of Birth:** _____

Visit: ☐**Baseline**

KIT BARCODE

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 ☐N/A	Specimen number of residual plasma aliquot **(Last four digits)**:	_____ ☐N/A
Time aliquots frozen:	_____ [HHMM]	Storage temperature of freezer:	_____ °C

Notes:_____