



## Appendix A: Blood Sample and Shipment Notification Form

Protocol: MMGE-NIA-NCRAD-VCAD

To: Kelley Faber    Email: [alzstudy@iu.edu](mailto:alzstudy@iu.edu)    Phone: 1-800-526-2839

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

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

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

Study: **VCAD**    ☐ Baseline Visit

Participant ID: \_\_\_\_\_

Sex: ☐ M ☐ F

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

KIT BARCODE

### Blood Collection:

Date of Draw: _____ [MMDDYY]	Time of Draw: _____ [HHMM]
Date Participant Last Ate: _____ [MMDDYY]	Time Participant Last Ate: _____ [HHMM]
Time EDTA Tubes Placed on Cold Pack: _____ [HHMM]	

Expected # of Collection Containers	# of Tubes Collected	Notes/Deviations
(3) 10mL EDTA Tubes		

**\*\*The section is only filled out if samples are not transferred to Riley on the same day as collection\*\***

Date Samples Placed in Fridge: _____ [MMDDYY]	Time Samples Placed in Fridge: _____ [HHMM]
Temperature Reading of Fridge: _____	
Date Samples Transferred to Riley: _____ [MMDDYY]	Time Samples Transferred to Riley: _____ [HHMM]