

## Biological Sample and Shipment Notification Form

*Please email or fax this from prior to the date of shipment.*

To: Kelley Faber Email: [alzstudy@iu.edu](mailto:alzstudy@iu.edu) FAX: 317-321-2003 Phone: 1-800-526-2839

**General Information:**

**FedEx tracking #:** \_\_\_\_\_

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

Date: \_\_\_\_\_

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

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

**Study:** T2 PROTECT AD

**GUID:** \_\_\_\_\_

**Kit #:** \_\_\_\_\_

**Visit:** Baseline    Week: 4    8    12    24    48

KIT BARCODE

**Site ID:** \_\_\_\_\_    **ADCS IND #:** \_\_\_\_\_

**Sex:** M    F

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

**CSF Collected?** Yes    No

**Blood Collection:**

1. Date Drawn: _____ [MMDDYY]	2. Time of Draw: _____ [HHMM]
3. Date subject last ate: _____ [MMDDYY]	4. Time subject last ate: _____ [HHMM]

**Blood Processing:**

Serum (Red-top) Tube (6 mL)		Plasma & Buffy Coat (Lavender-top) Tube (10 mL)	
Time spin started:	_____ [HHMM]	Time spin started:	_____ [HHMM]
Duration of centrifuge:	_____ Minutes	Duration of centrifuge:	_____ Minutes
Temp of Centrifuge: _____ °C	Rate of centrifuge: _____ x g	Temp of Centrifuge: _____ °C	Rate of centrifuge: _____ x g
Original volume drawn (1 x 6 mL tube):	_____ mL	Original volume drawn (1 x 10 mL tube):	_____ mL
Time aliquoted:	_____ [HHMM]	Time aliquoted:	_____ [HHMM]
Number of 1.5 mL serum aliquots created (red cap):		Number of 1.5 mL plasma aliquots created (lavender cap):	
If applicable, volume of residual serum aliquot (less than 1.5 mL in blue cap):	_____ mL	If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue cap):	_____ mL
If applicable, specimen number of residual serum aliquot (last four digits):		If applicable, specimen number of residual plasma aliquot (last four digits):	
Time aliquots placed in freezer:	_____ [HHMM]	Time aliquots placed in freezer:	_____ [HHMM]
Storage temperature in freezer:	_____ °C	Storage temperature in freezer:	_____ °C
		Buffy coat aliquot created (clear cap, one per 10 mL EDTA tube)	_____ mL
Plasma-PK (Lavender-top) Tube (6 ml)			
Time spin started:	_____ [HHMM]	Original volume drawn (1 x 6 mL tube):	_____ mL
Duration of centrifuge:	_____ Minutes	Number of 0.5 mL plasma-pk aliquots:	
Temp of Centrifuge: _____ °C	Rate of centrifuge: _____ x g	If applicable, volume of residual plasma-pk aliquot (blue cap) & last 4 digits:	_____ mL
Time aliquoted:	_____ [HHMM]	Time aliquots placed in freezer:	_____ [HHMM]
		Storage temperature in freezer:	_____ °C

**Notes:**