



Appendix C
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: 317-278-1100 Phone: 1-800-526-2839

General Information:

FedEx tracking #: _____

From: _____ Site: _____

Phone: _____ Fax: _____

Email: _____ Date: _____

Study: 4RTNI-2 ARTFL Kit #: _____

KIT BARCODE

Site ID: _____ RAVE #: _____

Fam #: _____ Sex: []M []F Year of Birth: _____ Visit: _____

CSF Collection:

Table with 5 rows and 2 columns for CSF collection details including date, time, and process.

CSF Processing:

Table with 7 rows and 2 columns for CSF processing details including number of aliquots and time frozen.

Notes: _____