

**Appendix C. CSF Sample and Shipment Notification Form**

**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](mailto:alzstudy@iu.edu) FAX: 317-321-2003 Phone: 1-800-526-2839

**General Information:**

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

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

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

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

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

**Study: NAPS**

**Kit #:**

KIT BARCODE

**Visit:** Visit 1 Visit 2

**NAPS ID:** \_\_\_\_\_ **GUID:** \_\_\_\_\_

**Gauge needle used for LP:** 22G 24G

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

**CSF Collected?** Yes No

**CSF Collection:**

1. Date of collection:	[MMDDYY]	2. Time of collection:	[HHMM]
3. Last time subject ate:	[MMDDYY]	4. Last time subject ate:	[HHMM]
5. Collection process:	Gravity Method	Aspiration	

**CSF Processing:**

Time spin started:	_____ [HHMM]
Duration of centrifuge:	_____ Minutes
Temp of Centrifuge: _____ °C	Rate of centrifuge: _____ x g
Total amount of CSF collected:	_____ mL
Time aliquoted:	_____ [HHMM]
Number of 0.5 mL CSF aliquots created (orange cap):	_____ x 0.5 mL
If applicable, volume of residual CSF aliquot (less than 0.5 mL in blue cap):	_____ mL
If applicable, specimen number of residual serum aliquot (last four digits):	
Time frozen:	_____ [HHMM]
Storage temperature in freezer:	_____ °C

**Notes:**

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