

CSF Sample and Shipment Notification Form

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

To: Kelley Faber Email: 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 #:

KIT BARCODE

Visit: Screening Week 24 Week 48

Site ID: _____ **ADCS IND #:** _____

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. Date subject last ate: _____ [MMDDYY]	4. Time subject last 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 CSF aliquot (last four digits):	
Time frozen:	_____ [HHMM]
Storage temperature in freezer:	_____ °C

Notes:

