



Appendix A: Blood Sample and Shipment Notification Form

Please email or fax the form on or prior to the date of shipment.

ADRC Study

Please complete this form when sending blood to NCRAD. The form can be completed on your computer and submitted electronically by an email attachment or can be completed by hand and faxed. Use the Tab key to move to the next field. The contact information for emailing or faxing the form is in the box below.

Please email or fax the form as soon as possible after the blood is drawn. NCRAD would like to receive this form before the blood arrives.

To: Kelley Faber	FAX: 317-321-2003	Email: alzstudy@iu.edu
Phone: 1-800-526-2839	Phone: 1-317-274-7360	
From: _____	Center: _____	
Phone: _____	Email: _____	
Date: _____		
Site #: _____ PTID #: _____		
GUID (if available): _____		
Sex: _____ Birth Year: _____		
Date blood drawn: _____		
UPS tracking #: _____		
For internal NCRAD use only, do not complete. "ADC"		
Kit#: _____	DNA Barcode: _____	Volume(ml): Purple _____