



Appendix B: Blood 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: 317-321-2003 Phone: 1-800-526-2839

From: _____ UPS tracking #: _____

Phone: _____ Email: _____

Study: BIFB ADCFB: NACC Visit _____

PT ID: _____

BIFB ID: **BIFB** - _____ - _____ - _____ N/A

GUID: _____

Sex: M F Year of Birth: _____



Blood Collection:

Date Drawn: _____ [MMDDYY]	Time of Draw: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Date subject last ate: _____ [MMDDYY]	Time subject last ate: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM

PBMC (NaHep Tube)		RNA (PAXgene™ Tube)	
Original volume drawn (2x10 ml NaHep tube): _____ ml		Original volume drawn (1x2.5 ml PAXgene™ tube): _____ ml	
		Time PAXgene™ tube placed in freezer: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	

Blood Processing:

Plasma (EDTA Tube)			Serum (Serum Tube)		
Time spin started: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			Time spin started: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		
Duration of centrifuge: _____ minutes			Duration of centrifuge: _____ minutes		
Temp of centrifuge: _____ °C			Temp of centrifuge: _____ °C		
Rate of centrifuge: _____ x g			Rate of centrifuge: _____ x g		
Original volume drawn (2x10 ml EDTA tube): _____ ml	Tube 1	Tube 2	Original volume drawn (1x10 ml Serum tube): _____ ml		
	_____ ml	_____ ml			
Time aliquoted: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			Time aliquoted: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		
# of 1.5 ml plasma aliquots created (up to 6 total): (Purple-capped cryovial) _____			# of 1.5 ml serum aliquots created (up to 3 total): (Red-capped cryovial) _____		
If applicable, volume of residual plasma aliquot (less than 1.5 ml): (Blue-capped cryovial) _____ ml			If applicable, volume of residual serum aliquot (less than 1.5 ml): (Blue-capped cryovial) _____ ml		
If applicable, specimen number of residual aliquot: (Last four digits) _____			If applicable, specimen number of residual aliquot: (Last four digits) _____		
# of buffy coat aliquots created: (Gray-capped cryovial) _____					
Time aliquots placed in freezer: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			Time aliquots placed in freezer: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		
Storage temperature in freezer: _____ °C			Storage temperature in freezer: _____ °C		

Notes: _____