

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

From: _____ UPS tracking #: _____
 Phone: _____ Email: _____ Site #: _____

Study: ALLFTD Longitudinal ALLFTD Biofluid ALLFTD/4RTNI-2 Dual-enrollment

RAVE ID: _____ RAVE Cycle: _____
 Sex: M F Year of Birth: _____ Kit: KIT BARCODE

Blood Collection:

Date of Draw: _____ [MMDDYY]	Time of Draw: _____ [HHMM]
Date subject last ate: _____ [MMDDYY]	Time subject last ate: _____ [HHMM]

PBMC (NaHep Tubes)

RNA (PAXgene™ Tubes)

#1	Last four digits of PBMC barcode: _____	Original volume drawn: _____ ml	Original volume drawn (2 x 2.5 ml PAXgene™ tubes):	Tube 1: _____ ml Tube 2: _____ ml
#2	Last four digits of PBMC barcode: _____	Original volume drawn: _____ ml	PAXgene™ tubes Time frozen: _____ [HHMM]	

Storage temperature of freezer for Plasma/Serum/Buffy Coat & RNA PAXgene™ tubes: _____ °C

Blood Processing:

Plasma & Buffy Coat (Lavender-Top) Tube (10 mL)

Time spin started:	_____ [HHMM]
Duration of centrifugation:	_____ Minutes
Temp of centrifuge: _____ °C Rate of centrifuge: _____ x g	
Time aliquoted:	_____ [HHMM]
Number of 1.5 mL plasma aliquots created (lavender cap, up to 9):	_____
If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue cap):	_____ mL
If applicable, last four digits of residual serum aliquot barcode:	_____
Buffy coat #1 last four digits of aliquot barcode: _____	
Buffy coat #1 volume: _____ mL	Original blood volume drawn: _____ mL
Buffy coat #2 last four digits of aliquot barcode: _____	
Buffy coat #2 volume: _____ mL	Original blood volume drawn: _____ mL
Buffy coat #3 last four digits of aliquot barcode: _____	
Buffy coat #3 volume: _____ mL	Original blood volume drawn: _____ mL
Time plasma and buffy coat aliquots frozen:	_____ [HHMM]

Serum (Red-Top) Tube (10 mL)

Time spin started	_____ [HHMM]
Duration of centrifugation:	_____ Minutes
Temp of centrifuge: _____ °C Rate of centrifuge: _____ x g	
Time aliquoted:	_____ [HHMM]
Number of 1.5 mL serum aliquots created (red cap, up to 3):	_____
If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue cap):	_____ mL
If applicable, last four digits of residual serum aliquot barcode:	_____
Time serum aliquots frozen:	_____ [HHMM]

NOTES:
