

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: Duke/UNC ADRC

Patient ID: _____

KIT BARCODE

Sex: M F Year of Birth: _____

Blood Collection:

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

Blood Processing:

Plasma & Buffy Coat (EDTA Tube)

EDTA specimen number (Last four digits): _____	Original blood volume of EDTA: _____ mL
Time spin started: _____ [HHMM]	Duration of centrifuge: _____ mins
Temp of centrifuge: _____ °C	Rate of centrifuge: _____ x g
Time aliquoted: _____ [HHMM]	Number of 1.5 mL plasma aliquots created (purple cap, up to 3): _____
If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue cap): _____ mL	If applicable, specimen number of residual plasma aliquot (Last four digits): _____
Buffy coat specimen number (Last four digits): _____	Buffy coat volume: _____ mL
Time aliquots frozen: _____ [HHMM]	Storage temperature of freezer: _____ °C

Notes: _____