



Appendix C: CSF 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: _____

CSF Collection:

Date Drawn: _____ [MMDDYY]	Time of Draw: _____ [HHMM]
Date subject last ate: _____ [MMDDYY]	Time subject last ate: _____ [HHMM]
Collection process: <input type="checkbox"/> Gravitational OR <input type="checkbox"/> Pull	

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):	_____ ml
Time aliquoted:	_____ [HHMM]
# of 1.5 mL CSF aliquots created: (Orange-capped cryovial)	_____
Time frozen:	_____ [HHMM]
Storage temperature of freezer:	_____ °C

Notes: _____