

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 Phone: 1-800-526-2839

From: _____ UPS tracking #: _____

Phone: _____ Email: _____

Study: Multicultural Community Dementia Screening

Visit: Baseline 1-Year 2-Year 3-Year 4-Year 5-Year

Sex: M F **Year of Birth:** _____

KIT BARCODE

Patient ID: HBI

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 #1 specimen number (Last four digits): _____	Original blood volume of EDTA #1: _____ mL
EDTA #2 specimen number (Last four digits): _____	Original blood volume of EDTA #2: _____ 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 6): _____
If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue cap): _____ mL <input type="checkbox"/> N/A	If applicable, specimen number of residual plasma aliquot (Last four digits): _____ <input type="checkbox"/> N/A
Buffy coat #1 specimen number (Last four digits): _____	Buffy coat #1 volume: _____ mL
Buffy coat #2 specimen number (Last four digits): _____	Buffy coat #2 volume: _____ mL
Time aliquots placed in freezer: _____ [HHMM]	Storage temperature of freezer: _____ °C

Notes: _____