

Biological Sample and Shipment Notification Form

Please email or fax this form prior to the date of shipment

To: Kelley Faber Email: alzstudy@iu.edu FAX: 317-321-2003 Phone: 1-800-526-2839

General Information:

FedEx tracking #: _____

From: _____

Date: _____

Phone: _____

Email: _____

Study: NAPS

Kit #: _____

Visit: Visit 1

Visit 2

Visit 3

KIT BARCODE

NAPS ID: _____ **GUID:** _____

Sex: M F

Year of Birth: _____

CSF Collected? Yes No

Blood Collection:

1. Date Drawn: _____ [MMDDYY]	2. Time of Draw: _____ [HHMM]
3. Date subject last ate: _____ [MMDDYY]	4. Time subject last ate: _____ [HHMM]

Blood Processing:

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

Time spin started:	_____ [HHMM]
Duration of centrifuge:	_____ 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 13):	
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 #1 last four digits of specimen number:	
Buffy coat #1 volume: _____ mL	Original blood volume drawn: _____ mL
Buffy coat #2 last four digits of specimen number:	
Buffy coat #2 volume: _____ mL	Original blood volume drawn: _____ mL
Buffy coat #3 last four digits of specimen number:	
Buffy coat #3 volume: _____ mL	Original blood volume drawn: _____ mL
Buffy coat #4 last four digits of specimen number:	
Buffy coat #4 volume: _____ mL	Original blood volume drawn: _____ mL
Time aliquots placed in freezer:	_____ [HHMM]
Storage temperature of freezer:	_____ °C

Notes:
