



Appendix C. CSF Sample and Shipment Notification Form

**CSF Sample and Shipment Notification Form**

Please email or fax the form on or prior to the date of shipment.

To: Kelley Faber Email: <a href="mailto:alzstudy@iu.edu">alzstudy@iu.edu</a>		Phone: 1-800-526-2839	
<b>General Information:</b>		<b>FedEx tracking #:</b> _____	
From: _____	Date: _____		
Phone: _____	Email: _____		
<b>Study: NAPS2</b>		<b>Kit #:</b> <span style="border: 1px dashed black; padding: 5px; display: inline-block; min-width: 200px;">KIT BARCODE</span>	
<b>Visit: (Circle One)</b>			
Cycle 1   Cycle 2   Cycle 3   Cycle 4   Cycle 5   Cycle 6   Cycle 7   Cycle 8			
<b>NAPS2 ID:</b> _____	<b>GUID:</b> _____	<b>Sex:</b>	<b>Gauge needle used for LP:</b> 22G            24G
M    F	<b>Year of Birth:</b> _____	<b>CSF Collected?</b>	Yes            No
<b>CSF Collection:</b>			
1. Date of collection: _____ [MMDDYY]		2. Time of collection: _____ [HHMM]	
3. Last date subject ate: _____ [MMDDYY]		4. Last time subject ate: _____ [HHMM]	
5. Collection process:            Gravity Method            Aspiration		(If aspiration method used, it must be documented as a protocol violation)	
<b>CSF Processing:</b>			
Time spin started: _____		_____ [HHMM]	
Duration of centrifuge: _____		_____ Minutes	
Temp of centrifuge: _____ °C		Rate of centrifuge: _____ x g	
Total amount of CSF collected: _____		_____ mL	
Time aliquoted: _____		_____ [HHMM]	
Number of 1.5 mL CSF aliquots created (orange cap): _____		_____ x 1.5 mL	
If applicable, volume of residual CSF aliquot (less than 1.5 mL in blue cap): _____		_____ mL	
If applicable, specimen number of residual CSF aliquot _____			
Time frozen: _____		_____ [HHMM]	
Storage temperature of freezer: _____		_____ °C	
<b>Notes:</b>			
_____			
_____			