

Appendix B: Biological 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

General Information:

FedEx tracking #: _____

From: _____

Date: _____

Phone: _____

Email: _____

Study: T2 PROTECT AD OLE **GUID:** _____

Kit #: KIT BARCODE

Visit: Week 24 Week 48 Early Termination

Site ID: _____ **ADCS PTID #:** _____

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

Blood Collection:

1. Date Drawn: _____ [MM/DD/YY]	2. Time of Draw: _____ [HHMM]
3. Date subject last ate: _____ [MM/DD/YY]	4. Time subject last ate: _____ [HHMM]

Blood Processing:

Serum (Red-top) Tube (6 mL)		Plasma & Buffy Coat (Lavender-top) Tube (10 mL)	
Time spin started: _____ [HHMM]	_____ [HHMM]	Time spin started: _____ [HHMM]	_____ [HHMM]
Duration of centrifuge: _____ Minutes	_____ Minutes	Duration of centrifuge: _____ Minutes	_____ Minutes
Temp of Centrifuge: _____ °C Rate of centrifuge: _____ x g	_____ °C _____ x g	Temp of Centrifuge: _____ °C Rate of centrifuge: _____ x g	_____ °C _____ x g
Original volume drawn (1 x 6 mL tube): _____ mL	_____ mL	Original volume drawn (1 x 10 mL tube): _____ mL	_____ mL
Time aliquoted: _____ [HHMM]	_____ [HHMM]	Time aliquoted: _____ [HHMM]	_____ [HHMM]
Number of 1.5 mL serum aliquots created (red cap): _____	_____	Number of 1.5 mL plasma aliquots created (lavender cap): _____	_____
If applicable, volume of residual serum aliquot (less than 1.5 mL in blue cap): _____ mL	_____ mL	If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue cap): _____ mL	_____ mL
If applicable, specimen number of residual serum aliquot (last four digits): _____	_____	If applicable, specimen number of residual plasma aliquot (last four digits): _____	_____
Time aliquots placed in freezer: _____ [HHMM]	_____ [HHMM]	Time aliquots placed in freezer: _____ [HHMM]	_____ [HHMM]
Storage temperature in freezer: _____ °C	_____ °C	Storage temperature in freezer: _____ °C	_____ °C
		Buffy coat aliquot created (clear cap, one per 10 mL EDTA tube)	_____ mL

Notes: _____