

Appendix B: Blood Sample and Shipment Notification Form

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

| | | |
|------------------|---|-----------------------|
| To: Kelley Faber | Email: alzstudy@iu.edu | Phone: 1-800-526-2839 |
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| | |
|--------------|-----------------------|
| From: _____ | UPS tracking #: _____ |
| Phone: _____ | Email: _____ |

| Study: Veri-T | Site #: _____ | Subject ID: _____ | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Year of Birth: _____ | | | | | | | | | | | | | | | |
|------------------------------------|---|----------------------------------|--|-----------------------------|--|--|-----------------------------------|--------------------------------|----------------------------------|----------------------------------|-----------------------------|------------------------------------|--|--|--|--|-------------|--|--|
| Visit: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Dose</th> <th colspan="4">Timepoint</th> </tr> <tr> <td><input type="checkbox"/> Pre-Dose</td> <td><input type="checkbox"/> Day 1</td> <td><input type="checkbox"/> Week 12</td> <td><input type="checkbox"/> Week 24</td> <td><input type="checkbox"/> ET</td> </tr> <tr> <td><input type="checkbox"/> Post-Dose</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | Dose | Timepoint | | | | <input type="checkbox"/> Pre-Dose | <input type="checkbox"/> Day 1 | <input type="checkbox"/> Week 12 | <input type="checkbox"/> Week 24 | <input type="checkbox"/> ET | <input type="checkbox"/> Post-Dose | | | | | KIT BARCODE | | |
| Dose | Timepoint | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Pre-Dose | <input type="checkbox"/> Day 1 | <input type="checkbox"/> Week 12 | <input type="checkbox"/> Week 24 | <input type="checkbox"/> ET | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Post-Dose | | | | | | | | | | | | | | | | | | | |

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|------------------------------|----------------------------|---------------------------------------|-------------------------------------|
| <i>Blood Collection:</i> | | | |
| Date of Draw: _____ [MMDDYY] | Time of Draw: _____ [HHMM] | Date subject last ate: _____ [MMDDYY] | Time subject last ate: _____ [HHMM] |

| | |
|--|---------------|
| Plasma PK (Lavender-Top) Tube (10 mL) | |
| Original Volume EDTA Drawn (could be up to 2 * 10mL): | _____ mL |
| Time spin started: | _____ [HHMM] |
| Duration of centrifugation: | _____ 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 9): | _____ |
| If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue cap): | _____ mL |
| If applicable, last four digits of residual plasma aliquot barcode: | _____ |
| Time plasma aliquots frozen: | _____ [HHMM] |
| Plasma PD (Lavender-Top) Tube (10 mL) | |
| Original Volume EDTA Drawn (could be up to 2 * 10mL): | _____ mL |
| Time spin started: | _____ [HHMM] |
| Duration of centrifugation: | _____ 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 9): | _____ |
| If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue cap): | _____ mL |
| If applicable, last four digits of residual plasma aliquot barcode: | _____ |
| Time plasma aliquots frozen: | _____ [HHMM] |
| NOTES: | |
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Notes: _____