

Appendix C: CSF 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

From: _____ UPS tracking #: _____

Phone: _____ Email: _____

Study: Veri-T Site #: _____ Subject ID: _____ Sex: M F Year of Birth: _____

Visit:	Dose	Timepoint		
<input type="checkbox"/>	Pre-Dose	<input type="checkbox"/>	Screening	<input type="checkbox"/>
<input type="checkbox"/>	Post-Dose	<input type="checkbox"/>	Week 24	<input type="checkbox"/>
		<input type="checkbox"/>	ET	

KIT BARCODE

CSF Collection:

Date of Draw: _____ [MMDDYY]	Time of Draw: _____ [HHMM]
Date subject last ate: _____ [MMDDYY]	Time subject last ate: _____ [HHMM]
Collection Process: <input type="checkbox"/> Gravitational OR <input type="checkbox"/> Pull	

CSF Processing:

Time spin started:	_____ [HHMM]
Duration of centrifuge:	_____ mins
Temp of centrifuge:	_____ °C
Rate of centrifuge:	_____ x g
Total amount of CSF collected (mL):	_____ mL
Time aliquoted:	_____ [HHMM]
Number of 0.5 mL CSF aliquots created: (Clear cap)	_____
Number of 1.5 mL CSF aliquots created: (Orange-capped cryovial)	_____
If applicable, volume of CSF residual aliquot (less than 1.5 mL): (Blue-capped cryovial)	_____ mL
If applicable, specimen number of residual aliquot tube: (Last four digits)	_____
Time aliquots frozen:	_____ [HHMM]
Storage temperature of freezer:	_____ °C

Notes: _____