



Appendix A: Blood 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	FAX: 317-321-2003	Phone: 1-800-526-2839
From: _____	UPS tracking #: _____		
Phone: _____	Email: _____		
Site (circle one): Madison Milwaukee La Crosse			
WRAP ID: _____	Kit #: _____ KIT BARCODE		
Visit Number (1-10): _____			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F Year of Birth: _____			
Blood Collection:			
Date of Draw: _____	Time of Draw: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Date subject last ate: _____	Time subject last ate: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
PBMC drawn? <input type="checkbox"/> Yes <input type="checkbox"/> No	CSF Collected? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Blood Processing:			
Serum (Red-top) Tube (9 ml)		Plasma & Buffy Coat (Purple-top) Tube (10 ml)	
Original volume drawn: _____ ml	Original volume drawn: _____ ml	Time spin started: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Time spin started: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Duration of centrifuge: _____ minutes	Duration of centrifuge: _____ minutes	Temp of centrifuge: _____ °C	Temp of centrifuge: _____ °C
Rate of centrifuge: _____ rpm	Rate of centrifuge: _____ rpm	Time aliquoted: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Time aliquoted: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
# of 0.5 ml serum aliquots (red-capped cryovials): _____	# of 0.5 ml plasma aliquots (purple-capped cryovials): _____	# of buffy coat aliquots (clear-capped cryovials): _____	
Time aliquots placed in freezer: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Time aliquots placed in freezer: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Storage temperature in freezer: _____ °C	Storage temperature in freezer: _____ °C
Notes: _____			