

Appendix D: 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 #: **1Z976R8W84**

Phone: _____ Email: _____

Study: ADCFB Sex: M F Year of Birth: _____

Site ID: _____ PT ID: _____

GUID: _____

NACC Visit: _____

KIT BARCODE

CSF Collection:

Date of Draw: _____ [MMDDYY]	Time of Draw: _____ [HHMM]
Date participant last ate: _____ [MMDDYY]	Time participant last ate: _____ [HHMM]
Collection process: <input type="checkbox"/> Gravitational OR <input type="checkbox"/> Pull	Needle used to collect CSF: <input type="checkbox"/> 20g Quincke <input type="checkbox"/> 22g Sprotte <input type="checkbox"/> 22g Quincke <input type="checkbox"/> 24g Sprotte <input type="checkbox"/> 25g Quincke <input type="checkbox"/> Other (please specify): _____

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]
# 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: _____