

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:

Coordinator Name: _____

Site Contact Phone: _____

Site Contact Email: _____

Date: _____

Study: AA AAL COV

Visit (circle one): 1 2 3 4 5 6 7 E

Subject Sex: M F

Subject Year of Birth: _____

Tracking #: _____

Kit Barcode:

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Blood Collection:

1. Date Drawn (MM/DD/YYYY): _____

2. Time of Drawn (24 hour clock): _____ [HHMM]

3. Last time subject ate (MM/DD/YYYY): _____

4. Last time subject at (24 hour clock): _____ [HHMM]

Blood Processing:Plasma (3 x 10mL EDTA Lavender Top Tubes)

Original volume drawn (3x10 mL EDTA tubes): EDTA #1: _____ mL EDTA #2: _____ mL EDTA #3: _____ mL

Time spin started (24 hour clock): _____ [HHMM]

Duration of centrifuge: _____ minutes

Temp of centrifuge: _____ °C

Rate of centrifuge: _____ xg

Time aliquoted: _____ [HHMM]

Number of 1.5 mL plasma (purple-cap) aliquots created: _____

If applicable, volume of residual plasma aliquot (less than 1.5 mL-Blue cap): _____ mL or N/AIf applicable, specimen number of residual plasma aliquot (Last four digits): _____ or N/A

Time aliquots placed in freezer (24 hour clock): _____ [HHMM]

Storage temperature of freezer: _____ °C

Whole Blood for DNA (1 x 6mL EDTA Lavender Top Tube)

Original volume drawn (1x6 mL EDTA tube): _____ mL

Time tube placed in freezer (24 hour clock): _____ [HHMM]

Storage temperature of freezer: _____ °C

Notes:
