

**Appendix C: CSF Sample and Shipment Notification Form**

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

To: Kelley Faber		Email: <a href="mailto:alzstudy@iu.edu">alzstudy@iu.edu</a>		FAX: 317-278-1100		Phone: 1-800-526-2839	
From: _____		UPS tracking #: _____		Phone: _____		Email: _____	
Site #: _____							
<b>Study: Veri-T</b>		KIT BARCODE					
Visit: <input type="checkbox"/> Screening <input type="checkbox"/> Week 24 <input type="checkbox"/> Early Termination							
Patient ID: _____							
Sex: <input type="checkbox"/> M <input type="checkbox"/> F      Year of Birth: _____							
<i>CSF Collection:</i>							
1. Date of Draw: _____ [MMDDYY]				2. Time of Draw: _____ [HHMM]			
3. Date subject last ate: _____ [MMDDYY]				4. Time subject last ate: _____ [HHMM]			
Collection Process: <input type="checkbox"/> Gravitational <b>OR</b> <input type="checkbox"/> Pull							
<i>CSF Processing:</i>							
Time spin started:				_____ [HHMM]			
Duration of centrifuge:				_____ minutes			
Temp of centrifuge: _____ °C				Rate of centrifuge: _____ x g			
Total amount of CSF collected (mL):				_____ mL			
Time aliquoted:				_____ [HHMM]			
Number of 1.5 mL CSF aliquots created (up to 15 total):				_____			
<b>(Orange cap cryovials):</b>				_____			
If applicable, volume of residual CSF aliquot (less than 1.5 mL):				_____ mL			
<b>(Blue cap cryovials):</b>				_____			
If applicable, specimen number of residual aliquot tube:				_____			
<b>(Last four digits)</b>				_____			
Time frozen:				_____ [HHMM]			
Storage temperature of freezer:				_____ °C			
<b>NOTES:</b> _____							