



## 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](mailto:alzstudy@iu.edu) FAX: 317-321-2003 Phone: 1-800-526-2839

### General Information:

Study Staff Name: \_\_\_\_\_ Site (circle): ☐ UM ☐ OHSU  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Date Mailed: \_\_\_\_\_

Subject ID #: \_\_\_\_\_ Subject Year of Birth: \_\_\_\_\_

Subject Sex: ☐ M ☐ F

Ethnicity: Does subject report Hispanic/Latino Ethnicity? ☐ Y ☐ N

Race: ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian  
☐ Native Hawaiian or other Pacific Islander ☐ Other (specify): \_\_\_\_\_  
☐ Unknown

### Saliva Collection:

Date Collected: \_\_\_\_\_

Specimen Label #:

Place Specimen Label here

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Internal NCRAD Use-Do Not Complete**

Volume (ml)  
Saliva: \_\_\_\_\_