



Appendix B 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 FAX: 317-321-2003 Phone: 1-800-526-2839

General Information:		FedEx tracking #: _____	
From: _____	Site: _____	Phone: _____	Fax: _____
Email: _____	Date: _____	KIT BARCODE	
Study: 4RTNI-2 ARTFL	Kit #:		
Visit: _____			
Site ID: _____	RAVE #: _____		
Fam #: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Year of Birth: _____	CSF Sample Donated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Blood Collection:

1. Date Drawn: _____ [YYYYMMDD]	2. Time of Draw: 24 hour clock: _____ [HHMM]
3. Last time subject ate: Date: _____ [YYYYMMDD]	4. Last time subject ate: Time: 24 hour clock: _____ [HHMM]
5. Baseline Only: Sodium heparin tubes (PBMC) drawn 2 x 10mL: <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Baseline Only: Total volume of blood drawn into 3 x 2.5 ml PAXgene™ RNA tubes: _____ mL	
• Were the PAXgene™ tubes the last tubes drawn? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Blood Processing:

Plasma (EDTA Tube)		Serum (Serum Determination Tube) Baseline Only	
Time spin started: 24 hour clock:	_____ [HHMM]	Time spin started: 24 hour clock: (within 30 minutes of draw time):	_____ [HHMM]
Original volume drawn (2 x 10 mL or 3 x 10 mL EDTA tube):	_____ mL	Original volume drawn (1x10 mL Serum tube):	_____ mL
Number of 0.5 mL plasma aliquots created (24-30 BL) or (14-20 LONG): (Lavender cap cryovial):	_____ x 0.5 mL	Number of 0.5 mL serum aliquots created (8-10 total): (Red cap cryovial):	_____ x 0.5 mL
If applicable, volume of residual plasma aliquot (less than 0.5 mL): (Blue cap cryovial):	_____ mL	If applicable, volume of residual serum aliquot (less than 0.5 mL): (Blue cap cryovial):	_____ mL
If applicable, specimen number of residual aliquot: (Last four digits)	_____	If applicable, specimen number of residual aliquot: (Last four digits)	_____
Buffy coat aliquots created (one per EDTA tube): (Clear cap cryovial):	_____		
Time aliquots placed in freezer: 24 hour clock:	_____ [HHMM]	Time aliquots placed in freezer: 24 hour clock:	_____ [HHMM]

Notes: _____