



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: 317-278-1100 Phone: 1-800-526-2839

General Information:

FedEx tracking #: _____

From: _____ Site: _____

Phone: _____ Fax: _____

Email: _____ Date: _____

Study: LEFFTDS ARTFL LEFFTDS and ARTFL 4RTNI-2 **Kit #:** _____

KIT BARCODE

Visit: _____

Site ID: _____ **RAVE #:** _____

Fam #: _____ **Sex:** M F **Year of Birth:** _____ **CSF Sample Donated?** Yes No

Blood Collection:

1. Date Drawn: _____	2. Time of Draw: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
3. Last time subject ate: Date: _____	4. Last time subject ate: Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
5. Sodium heparin tube (PBMC) drawn 2 x 10mL: <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. 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)	
Time spin started:	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Time spin started (within 30 minutes of draw time):	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Original volume drawn (3x10 mL EDTA tube):	_____ mL	Original volume drawn (1x10 mL Serum tube):	_____ mL
Number of 0.5 mL plasma aliquots created (24-30 total): (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:	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Time aliquots placed in freezer:	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM

Notes: _____