##  NCRAD Biological Sample Form

90+ Study

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Please complete this form when sending blood to NCRAD. The form can be completed on your computer and submitted electronically by an email attachment or can be completed by hand and faxed. Use the Tab key to move to the next field. The contact information for emailing or faxing the form is in the box below.

**Please email or fax the form as soon as possible after the blood is drawn. NCRAD would like to receive this form before the blood arrives.**

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| --- |
| To: Kelley Faber FAX: 1-317-321-2003 Email: alzstudy@iu.edu Phone: 1-800-526-2839 Phone: 1-317-274-7546 |
| From:       Site:       Phone:       Fax:       Email:       Date:        |
| **Subject #:** **Gender:** **Sample Type Included in Shipment:****[ ]  Blood in Purple top EDTA Tube [ ]  Saliva in Oragene Collection Kit****Date sample collected:****UPS tracking #:** |
| **For internal NCRAD use only, do not complete.** Specimen Barcodes: Volume(ml): Purple \_\_\_\_\_  Volume(ml): Purple \_\_\_\_\_  Volume(ml): Saliva \_\_\_\_\_  |