



Appendix C

ACAD

Asian Cohort for Alzheimer's Disease

Site ID: _____ Participant ID: _____

Blood Sample and Shipment Notification Form

Please email or fax this from prior to the date of shipment.

To: Kelley Faber Email: alzstudy@iu.edu FAX: 317-321-2003 Phone: 1-800-526-2839

General Information:

UPS tracking #: _____

From: _____

Date: _____

Phone: _____

Email: _____

Study: ACAD GUID: _____

Kit #: _____

KIT BARCODE

Visit (circle one): V01 V02

Sex: M F Year of Birth: _____

Blood Collection:

1. Date Drawn: [MMDDYY]	2. Time of Draw: [HHMM]
3. Last time subject ate: [MMDDYY]	4. Last time subject ate: [HHMM]

Blood Processing:

Plasma & Buffy Coat (Purple-top) Tube (10 mL)	
Time spin started:	_____ [HHMM]
Duration of centrifuge:	_____ Minutes
Temp of Centrifuge: _____ °C Rate of centrifuge: _____ x g	
Time aliquoted:	_____ [HHMM]
Number of 1.5 mL plasma aliquots created (lavender cap): _____	
If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue cap):	_____ mL
If applicable, specimen number of residual plasma aliquot (last four digits):	_____
Buffy coat last four digits of specimen number: _____	
Buffy coat volume:	_____ mL
Original blood volume drawn:	_____ mL
Time aliquots placed in freezer:	_____ [HHMM]
Storage temperature in freezer:	_____ °C

Notes: