

## **Appendix C**



Site ID:	Participant ID:			
<b>Blood Sample and Shipment Notification Form</b>				

Please email this form prior to the date of shipment.

To: Kelley Faber Email: alzstudy@iu.edu	Phone	e: 1-800-52	26-2839	
General Information: UPS tracking #:				
From:	Date:			
Phone:	Email:			
Study: ACAD U19 GUID: Visit (circle one): V01 V02		 	KIT BARCODE	
Sex: M F Year of Birth:	_	'		
Blood Collection:				
1. Date Drawn: [MMDDYY]	2.	Time of Dr	raw: [HHMM]	
3. Last time subject ate: [MMDDYY]	4.	Last time s	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 r	mL			
If applicable, specimen number of residual plasma aliquot (last four digits):				
Buffy coat specimen numbers (last four digits):	Buffy Coat #1: Buffy Coat #2:			
Buffy coat volumes:			Buffy Coat #1: mL Buffy Coat #2: mL	
EDTA specimen numbers (last four digits):	EDTA #1: EDTA #2:			
Original blood volume drawn (2 x 10 mL EDTA tube):			EDTA #1: mL EDTA #2: mL	
Time aliquots placed in freezer:			[HHMM]	
Storage temperature in freezer:°C				
Notes:				
E.g. hemolysis, blood is coagulated, thick or cloudy plasma, etc.				