



Appendix D



Asian Cohort for Alzheimer's Disease

Site ID: _____ Participant ID: _____

Saliva Sample and Shipment Notification Form

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

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

General Information:

UPS tracking #: _____

From: _____

Date: _____

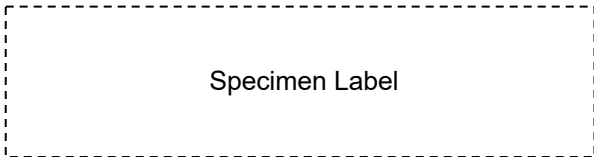
Phone: _____

Email: _____

Study: ACAD U19 GUID: _____ Specimen Label:

Visit(circle one) : V01 V02

Sex: M F Year of Birth: _____



Specimen Label

Saliva Collection:

1. Date collected:	[MMDDYY]
2. Time of collection:	[HHMM]
3. Last date subject ate:	[MMDDYY]
4. Last time subject ate:	[HHMM]

Internal NCRAD Use-Do Not Complete:

Saliva Volume: _____ mL

Notes:

E.g. incomplete sample, subject ate, drank, smoked, and/or chewed gum 30 minutes or less before giving saliva sample