



### Appendix D: Stool Sample and Shipment Notification Form

Please email the form on or prior to the date of shipment.

To: Diont'e Keys Email: [alzstudy@iu.edu](mailto:alzstudy@iu.edu) Phone: 1-800-526-2839

**FOR STUDY STAFF TO COMPLETE:**

Tracking number: \_\_\_\_\_

From: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**FOR STUDY STAFF TO COMPLETE:**

Study: ACE Visit: BL M12 M24

Site ID: \_\_\_\_\_ ACE Patient ID #: \_\_\_\_\_

Sex: M F Year of Birth: \_\_\_\_\_



**FOR STUDY PARTICIPANT TO COMPLETE:**

*Stool Collection:*

Date Collected:	[MM/DD/YY]	Time of Collection:	(24-hour clock)
Date last ate:	[MM/DD/YY]	Time last ate:	(24-hour clock)