



**Appendix D: CSF Sample and Shipment Notification Form**

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

To: Kelley Faber Email: [alzstudy@iu.edu](mailto:alzstudy@iu.edu) Phone: 1-800-526-2839

From: \_\_\_\_\_ UPS tracking #: **1Z976R8W84**

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

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

Site ID: \_\_\_\_\_ PT ID: \_\_\_\_\_

GUID: \_\_\_\_\_

NACC Visit: \_\_\_\_\_

KIT BARCODE

*CSF Collection:*

Date of Draw: _____ [MMDDYY]	Time of Draw: _____ [HHMM]
Date subject last ate: _____ [MMDDYY]	Time subject last ate: _____ [HHMM]
Collection process: <input type="checkbox"/> Gravitational <b>OR</b> <input type="checkbox"/> Pull	

*CSF Processing:*

Time spin started:	_____ [HHMM]
Duration of centrifuge:	_____ mins
Temp of centrifuge:	_____ °C
Rate of centrifuge:	_____ x g
Total amount of CSF collected (mL):	_____ mL
Time aliquoted:	_____ [HHMM]
# of 1.5 mL CSF aliquots created: <b>(Orange-capped cryovial)</b>	_____
If applicable, volume of CSF residual aliquot (less than 1.5 mL): <b>(Blue-capped cryovial)</b>	_____ mL
If applicable, specimen number of residual aliquot tube: <b>(Last four digits)</b>	_____
Time aliquots frozen:	_____ [HHMM]
Storage temperature of freezer:	_____ °C

Notes: \_\_\_\_\_