



**Appendix B. Biological Sample and Shipment Notification Form**

**Biological 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

*General Information:*

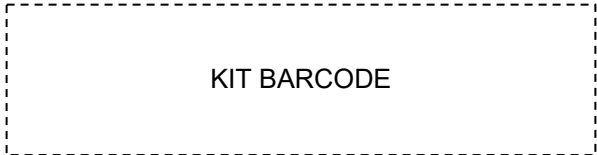
**UPS tracking #:** \_\_\_\_\_

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

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

**Study:** VIVA-MIND **GUID:** \_\_\_\_\_ **Kit #:** \_\_\_\_\_

**Visit:** Baseline W4 W8 W16 W24 ET



**Site ID:** \_\_\_\_\_ **ADCS PTID #:** \_\_\_\_\_

**Sex:** M F **Year of Birth:** \_\_\_\_\_ **CSF Collected?** Yes No

*Blood Collection:*

1. Date Drawn: [MM/DD/YY]	2. Time of Draw: [HHMM]
3. Last time subject ate: [MM/DD/YY]	4. Last time subject ate: [HHMM]

*Blood Processing:*

Serum (Red-top) Tube (10 mL)		Plasma & Buffy Coat (Lavender-top) Tube (10 mL)	
Time spin started: _____ [HHMM]		Time spin started: _____ [HHMM]	
Duration of centrifuge: _____ Minutes		Duration of centrifuge: _____ Minutes	
Temp of Centrifuge: _____ °C Rate of centrifuge: _____ x g		Temp of Centrifuge: _____ °C Rate of centrifuge: _____ x g	
Original volume drawn (1 x 10 mL tube): _____ mL		Original volume drawn (1 x 10 mL tube): _____ mL	
Time aliquoted: _____ [HHMM]		Time aliquoted: _____ [HHMM]	
Number of 0.5 mL serum aliquots created (red cap):		Number of 0.5 mL plasma aliquots created (lavender cap):	
If applicable, volume of residual serum aliquot (<0.5 mL in blue cap): _____ mL		If applicable, volume of residual plasma aliquot (<0.5 mL in blue cap): _____ mL	
If applicable, last four digits of residual serum aliquot:		If applicable, last four digits of residual plasma aliquot:	
Time aliquots placed in freezer: _____ [HHMM]		Time aliquots placed in freezer: _____ [HHMM]	
Storage temperature in freezer: _____ °C		Storage temperature in freezer: _____ °C	
		Buffy coat aliquot created (gray cap, one per 10 mL EDTA tube)	_____ mL

*Notes:*