



Appendix C. CSF Sample and Shipment Notification Form

**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

**General Information:**

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

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

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

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

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

**Study:** VIVA-MIND

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

**Kit #:**

KIT BARCODE

**Visit:** Screening

Week 24

ET

**Site ID:** \_\_\_\_\_

**ADCS PTID #:** \_\_\_\_\_

**Gauge needle used for LP:** 22G

24G

**Sex:** M F

**Year of Birth:** \_\_\_\_\_

**CSF Collected?**

Yes

No

**CSF Collection:**

5. Date of collection: _____ [MM/DD/YY]	6. Time of collection: _____ [HHMM]
7. Date subject last ate: _____ [MM/DD/YY]	8. Time subject last ate: _____ [HHMM]
9. Collection process: Gravity Method	Aspiration

**CSF Processing:**

Time spin started: _____	_____ [HHMM]
Duration of centrifuge: _____	_____ Minutes
Temp of Centrifuge: _____ °C	Rate of centrifuge: _____ x g
Total amount of CSF collected: _____	_____ mL
Time aliquoted: _____	_____ [HHMM]
2.0ml Sarstedt tube for Roche (2.0 ml expected)	_____ mL
Number of 0.5 mL CSF aliquots created (orange cap): _____	_____ x 0.5 mL
If applicable, volume of residual CSF aliquot (< 0.5 mL in blue cap): _____	_____ mL
If applicable, specimen number of residual serum aliquot (last four digits): _____	
Time frozen: _____	_____ [HHMM]
Storage temperature in freezer: _____	_____ °C

**Notes:**

\_\_\_\_\_  
 \_\_\_\_\_  
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