

## Appendix B: Blood Sample and Shipment Notification Form

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

To: Kelley Faber      Email: [alzstudy@iu.edu](mailto:alzstudy@iu.edu)      FAX: 317-278-1100      Phone: 1-800-526-2839

From: \_\_\_\_\_      UPS tracking #: \_\_\_\_\_  
 Phone: \_\_\_\_\_      Email: \_\_\_\_\_      Site #: \_\_\_\_\_

Study: ALLFTD Longitudinal     ALLFTD Biofluid     Dual-enrollment

RAVE ID: \_\_\_\_\_    RAVE Cycle: \_\_\_\_\_

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

Kit #: \_\_\_\_\_

KIT BARCODE

**Blood Collection:**

Date of Draw: _____ [MMDDYY]	Time of Draw: _____ [HHMM]
Date subject last ate: _____ [MMDDYY]	Time subject last ate: _____ [HHMM]

**PBMC (NaHep Tubes)**

**RNA (PAXgene™ Tubes)**

#1	Last four digits of PBMC barcode: _____		Original volume drawn: _____ ml		Original volume drawn (2 x 2.5 ml PAXgene™ tubes):	Tube 1: _____ ml Tube 2: _____ ml
#2	Last four digits of PBMC barcode: _____		Original volume drawn: _____ ml		PAXgene™ tubes Time frozen: _____ [HHMM]	

Storage temperature of freezer: \_\_\_\_\_ °C

**Blood Processing:**

**Plasma & Buffy Coat (Lavender-Top) Tube (10 mL)**

Time spin started:	_____ [HHMM]
Duration of centrifugation:	_____ Minutes
Temp of centrifuge: _____ °C    Rate of centrifuge: _____ x g	
Time aliquoted:	_____ [HHMM]
Number of 1.5 mL plasma aliquots created (lavender cap, up to 9):	_____
If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue cap):	_____ mL
If applicable, specimen number of residual plasma aliquot (last four digits):	_____
Buffy coat #1 last four digits of specimen number: _____	
Buffy coat #1 volume: _____ mL      Original blood volume drawn: _____ mL	
Buffy coat #2 last four digits of specimen number: _____	
Buffy coat #2 volume: _____ mL      Original blood volume drawn: _____ mL	
Buffy coat #3 last four digits of specimen number: _____	
Buffy coat #3 volume: _____ mL      Original blood volume drawn: _____ mL	
Time plasma and buffy coat aliquots frozen:	_____ [HHMM]

**Serum (Red-Top) Tube (10 mL)**

Time spin started	_____ [HHMM]
Duration of centrifugation:	_____ Minutes
Temp of centrifuge: _____ °C    Rate of centrifuge: _____ x g	
Time aliquoted:	_____ [HHMM]
Number of 1.5 mL serum aliquots created (red cap, up to 3):	_____
If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue cap):	_____ mL
If applicable, specimen number of residual plasma aliquot (last four digits):	_____
Time serum aliquots frozen:	_____ [HHMM]

**NOTES:**

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