



Participant ID: LDS



CSF 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 FAX: 317-321-2003 Phone: 1-800-526-2839

General Information:

From: _____ Date: _____
 Phone: _____ Email: _____

Study: LEADS CI Participant CN Participant Kit #: _____



Visit (circle one): BASELINE M12 M24 M36 M48

Sex: M F Year of Birth: _____ CSF Collected? Yes No
 Tracking #: _____ Gauge needle used for LP: 22G 24G

CSF Collection:

1. Date of Collection: _____	2. Time of Collection: 24 hour clock: _____ [HHMM]
3. Last time subject ate: Date: _____	4. Last time subject ate: 24 hour clock: _____ [HHMM]
5. Collection process: Gravity Method OR Aspiration	

CSF Processing:

Time spin started: 24 hour clock: _____	_____ [HHMM]
Duration of centrifuge: _____	_____ minutes
Temp of centrifuge: _____ °C	Rate of centrifuge: _____ x g
Total amount of CSF collected (mL): _____	_____ mL
Time aliquoted: _____	_____ [HHMM]
Number of 1.5 mL aliquots created (up to 14 total): (Orange cap cryovials):	_____ x 1.5 mL
If applicable, volume of CSF residual aliquot (less than 1.5 mL): (Blue cap cryovial):	_____ mL
If applicable, specimen number of residual aliquot tube: (Last four digits):	_____
Time frozen: _____	_____ [HHMM]
Storage temperature of freezer: _____	_____ °C

Notes: _____