

Appendix D



Participant ID: DSR ________Biological Sample and Shipment Notification Form - SubStudy

Please email or fax this from prior to the date of shipment.

To: Kelley Faber Email: alzstudy@iu.edu Phone: 1-800-526-2839	
General Information: UPS tracking #:	
From: Date:	
Phone: Email:	
Study: LIFE-DSR Kit #: Visit (circle one): BASELINE MONTH 16 MONTH 32 Sex: M F Year of Birth:	KIT BARCODE
Blood Collection:	
1. Date Drawn: [MMDDYY] 2.	Time of Draw: [HHMM]
3. Last time subject ate: [MMDDYY] 4.	Last time subject ate: [HHMM]
Blood Processing:	
RNA (PAXgene Tube)	
l and	Xgene RNA tube placed in [HHMM]
PBMC (NaHep Green Top Tube)	
Original volume drawn (5x10mL PBMC tube): mL	
Notes:	