



NCRAD



Appendix E

Participant ID: DSR _____

CSF Sample and Shipment Notification Form - SubStudy

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

To: Kelley Faber Email: alzstudy@iu.edu Phone: 1-800-526-2839

General Information:

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

Study: LIFE-DSR

Visit (circle one): BASELINE MONTH 16 MONTH 32

KIT BARCODE

Sex: M F Year of Birth: _____

CSF Collected? Yes No
Gauge needle used for LP: 22G 24G

UPS tracking #: _____

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 (supernatant) 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): _____
Volume of CSF pellet in Cryogenic vial (less than 2 mL): (Orange cap w/ ridges): _____ mL
Specimen number of Cryogenic vial (CSF pellet) (Last four digits): _____
Time frozen - Supernatant: _____ [HHMM] Time frozen - CSF Pellet: _____ [HHMM]
Storage temperature of freezer: _____ °C

Notes: _____