



Appendix C. CSF Sample and Shipment Notification Form

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		Phone: 1-800-526-2839	
General Information:		FedEx tracking #: _____	
From: _____	Date: _____		
Phone: _____	Email: _____		
Study: NAPS2	Select One: Case <input type="checkbox"/> Control <input type="checkbox"/>	Kit #:	KIT BARCODE
Cycle: (Circle One)			
Cycle 1 Cycle 2 Cycle 3 Cycle 4 Cycle 5 Cycle 6 Cycle 7 Cycle 8			
NAPS2 ID: _____	GUID: _____	Gauge needle used for LP:	22G 24G
Sex: M F	Year of Birth: _____	CSF Collected?	Yes No
CSF Collection:			
1. Date of collection: _____ [MMDDYY]		2. Time of collection: _____ [HHMM]	
3. Last date subject ate: _____ [MMDDYY]		4. Last time subject ate: _____ [HHMM]	
5. Collection process: Gravity Method		Aspiration	
<small>(If aspiration method is used, it must be documented as a protocol violation)</small>			
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]	
Number of 1.5 mL CSF aliquots created (orange cap): _____		_____ x 1.5 mL	
If applicable, volume of residual CSF aliquot (less than 1.5 mL in blue cap): _____		_____ mL	
If applicable, specimen number of residual CSF aliquot _____			
Time frozen: _____		_____ [HHMM]	
Storage temperature of freezer: _____		_____ °C	
Notes:			

