

# Biological Sample and Shipment Notification Form - Plasma/Buffy Coat/PBMC

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

Sample Type	Number of Tubes	Tube Type	Shipment
Whole blood for PBMC isolation	2	Sodium Heparin (Green-Top) Blood Collection Tube (10ml)	Room Temperature Must be shipped and received within 24 hours of collection
Whole blood for isolation of plasma & buffy coat (for DNA extraction)	2	EDTA (Lavender-Top) Blood Collection Tube (10ml)	Dry Ice

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

<b>General Information:</b> UPS Tracking # (ambient): _____ UPS Tracking # (frozen): _____ Site Coordinator: _____ Date: _____ Phone: _____ Email: _____	Kit Barcode
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**Study:** AD Family-Based Study

**Site ID:** \_\_\_\_\_      **Family ID:** \_\_\_\_\_      **Individual ID:** \_\_\_\_\_

**Sex:** M   F

**Year of Birth:** \_\_\_\_\_

**Visit (please circle one):** 1   2   3   4   5   6   7   8   9   10

**Blood Collection:**

Date Drawn: _____ [MM/DD/YYYY]	Time of Draw: _____ [HH:MM]
Date Subject Last Ate: _____ [MM/DD/YYYY]	Time Subject Last Ate: _____ [HH:MM]
Original Volume Drawn (2 x NaHep Green-Top): _____ (mL)	
Original Volume Drawn (2 x Lavender-Top): _____ (mL)	

**Blood Processing:**

Plasma & Buffy Coat (Lavender-top) Tube (2x10ml)	
Time spin started:	_____ [HH:MM]
Duration of centrifuge:	_____ Minutes
Temp of centrifuge:	_____ °C
Rate of centrifuge:	_____ x g
Time aliquoted:	_____ [HH:MM]
Number of 0.5ml plasma aliquots created (lavender cap, up to 20):	_____
If applicable, volume of residual plasma aliquot (less than 0.5ml 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
Buffy Coat #2 last four digits of specimen number:	_____
Buffy Coat #2 volume:	_____ mL

**Notes:**

\_\_\_\_\_

\_\_\_\_\_

**\*\*If collected by contracted mobile phlebotomist: complete at time of blood collection**

Blood collection completed by: \_\_\_\_\_ (name)

Company: \_\_\_\_\_

Contact phone: \_\_\_\_\_