LOAD FBS Brain Tissue Specimens

Please complete this form when sending brain tissue to NCRAD. The contact information for emailing the form is in the box below. **Please email the form as soon as possible after tissue is extracted**. NCRAD would like to receive this form BEFORE tissue arrives.

Fax: 317-321-2003

To: Kelley Faber

	Email: alzstudy@iu.edu Phone: 1-800-526-2839									
From: Site ID:										
Phor	ne: _	Fax:								
Ema	il: _	Date:								
Site	ID F	amily ID	Individual ID	GUID	Tissue Removal Date	Section of Brain	Gender	Year of Birth	Fixed or Frozen Tissue	