



Appendix C: Urine Sample and Shipment Notification Form

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

To: Dione Keys Email: alzstudy@iu.edu Phone: 1-800-526-2839

General Information: UPS tracking #: _____

From: _____ Date: _____

Phone: _____ Email: _____

Study: ACE Visit: Pre-intervention

Site ID: _____ ACE Patient ID #: _____

Sex: M F Year of Birth: _____



Urine Collection:

Date Collected:	[MM/DD/YY]	Time of Collection:	[HHMM]
Date subject last ate:	[MM/DD/YY]	Time subject last ate:	[HHMM]

Urine Processing:

Sterile screw-cap urine collection cup with integrated transfer device and C&S preservative tube, 4ml	
Number of 1.5 mL urine aliquots created (yellow cap):	_____
Time aliquots placed in freezer:	_____ [HHMM]
Storage temperature in freezer:	_____ °C

Notes: