

**Appendix C: Blood Sample and Shipment Notification Form**

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

To: Kelley Faber    Email: [alzstudy@iu.edu](mailto:alzstudy@iu.edu)    Phone: 1-800-526-2839

From: \_\_\_\_\_    UPS tracking #: **1Z976R8W84**

Phone: \_\_\_\_\_    Email: \_\_\_\_\_

Study: ADCFB    Sex:  M  F    Year of Birth: \_\_\_\_\_

Site ID: \_\_\_\_\_    PT ID: \_\_\_\_\_

GUID: \_\_\_\_\_

NACC Visit: \_\_\_\_\_

KIT BARCODE

**Blood Collection:**

Date of Draw: _____ [MMDDYY]	Time of Draw: _____ [HHMM]
Date participant last ate: _____ [MMDDYY]	Time participant last ate: _____ [HHMM]

PBMC (NaHep Tube)  N/A

Specimen Number (Last four digits): _____	Original volume drawn: _____ ml
---	---------------------------------

**Blood Processing:**

**Plasma & Buffy Coat (EDTA Tube)**

EDTA specimen number (Last four digits): _____	Original blood volume of EDTA: _____ mL
Time spin started: _____ [HHMM]	Duration of centrifuge: _____ mins
Temp of centrifuge: _____ °C	Rate of centrifuge: _____ x g
Time aliquoted: _____ [HHMM]	Number of 1.5 mL plasma aliquots created (purple cap): _____
Volume of residual plasma aliquot (less than 1.5 mL in blue cap): _____ mL <input type="checkbox"/> N/A	Specimen number of residual plasma aliquot (Last four digits): _____ <input type="checkbox"/> N/A
Buffy coat specimen number (Last four digits): _____	Buffy coat volume: _____ mL
Time aliquots frozen: _____ [HHMM]	Storage temperature of freezer: _____ °C

Notes: \_\_\_\_\_