



Biospecimen Collection, Processing, and Shipment Manual
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 Phone: 1-800-526-2839

From: _____ UPS tracking #: **1Z976R8W84**

Phone: _____ Email: _____

Study: BenfoTeam Site ID: _____ Participant ID: BENFO- - _____ Sex: M F Year of Birth: _____

GUID: _____ Protocol Number: ADC-061-BENFO

Visit: Screening Baseline Week 8 Week 72 Early Termination

Dose: Pre-dose Post-dose Time of Dose: _____ (24-hour format)

KIT BARCODE

Blood Collection: (24-hour format)

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

Blood Processing:

Plasma & Buffy Coat (EDTA Tube)

EDTA #1 specimen number (Last four digits): _____	Original blood volume of EDTA #1: _____ mL
EDTA #2 specimen number (Last four digits): _____ <input type="checkbox"/> N/A	Original blood volume of EDTA #2: _____ mL <input type="checkbox"/> N/A
EDTA #3 specimen number (Last four digits): _____ <input type="checkbox"/> N/A	Original blood volume of EDTA #3: _____ mL <input type="checkbox"/> N/A
Time spin started: _____ [HHMM]	Duration of centrifuge: _____ mins
Temp of centrifuge: _____ °C	Rate of centrifuge: _____ x g
Time aliquoted: _____ [HHMM]	Number of 1.0 mL plasma aliquots (purple cap): _____
Volume of residual plasma aliquot (less than 0.5 mL in blue cap): _____ mL <input type="checkbox"/> N/A	Number 0.5 mL plasma aliquots (purple cap): _____
Buffy coat #1 specimen number (Last four digits): _____	Specimen number of residual plasma aliquot (Last four digits): _____ <input type="checkbox"/> N/A
Buffy coat #2 specimen number (Last four digits): _____ <input type="checkbox"/> N/A	Buffy coat #1 volume: _____ mL
Buffy coat #3 specimen number (Last four digits): _____ <input type="checkbox"/> N/A	Buffy coat #2 volume: _____ mL <input type="checkbox"/> N/A
Time aliquots frozen: _____ [HHMM]	Buffy coat #3 volume: _____ mL <input type="checkbox"/> N/A
	Storage temperature of freezer: _____ °C

Complete following fields for Baseline, Week 8, and Week 72 Visits Only:		Number of 1.0 mL whole blood aliquots created (yellow cap): _____
Number of 1.5 mL washed RBC aliquots created (red cap): _____		Duration of centrifuge: _____ mins
Temp of centrifuge: _____ °C		Rate of centrifuge: _____ x g
Time aliquoted: _____ [HHMM]		Time spin started _____ [HHMM]

Notes: _____