



NCRAD



Participant ID: LDS

CSF Sample and Shipment Notification Form

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

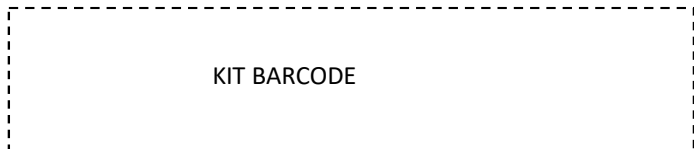
To: Kelley Faber Email: alzstudy@iu.edu FAX: 317-321-2003 Phone: 1-800-526-2839

General Information:

From: _____ Date: _____

Phone: _____ Email: _____

Study: **LEADS** CI Participant CN Participant Kit #:



Visit (circle one): **BASELINE M12 M24 M36 M48**

Sex: M F Year of Birth: _____

CSF Collected? Yes No

Tracking #: _____

Gauge needle used for LP: 22G 24G

CSF Collection:

1. Date of Collection: _____	2. Time of Collection: 24 hour clock: _____ [HHMM]
3. Last time subject ate: Date: _____	4. Last time subject ate: 24 hour clock: _____ [HHMM]
5. Collection process: Gravity Method OR Aspiration	

CSF Processing:

Time spin started: 24 hour clock:	_____ [HHMM]
Duration of centrifuge:	_____ minutes
Temp of centrifuge: _____ °C	Rate of centrifuge: _____ x g
Total amount of CSF collected (mL):	_____ mL
Time aliquoted:	_____ [HHMM]
Number of 1.5 mL aliquots created (up to 14 total): (Orange cap cryovials):	_____ x 1.5 mL
If applicable, volume of CSF residual aliquot (less than 1.5 mL): (Blue cap cryovial):	_____ mL
If applicable, specimen number of residual aliquot tube: (Last four digits):	_____
Time frozen:	_____ [HHMM]
Storage temperature of freezer:	_____ °C

Notes: _____