

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

To: Kelley Faber

Email: alzstudy@iu.edu

Phone: 1-800-526-2839

General Information:

From: _____ Date: _____ [MM/DD/YYYY]

Phone: _____ Email: _____

Tracking #: _____

NAPS2 Participant Study Information:

NAPS2 ID: _____ GUID ID: _____

Sex (circle one): Male Female Year of Birth: _____

Select one: Case Control

Visit Information:

CSF Collected? Yes No

Kit Barcode

Gauge needle used for LP (circle one): 22G 24 G

Visit (circle one): Cycle 1 Cycle 2 Cycle 3 Cycle 4 Cycle 5 Cycle 6 Cycle 7 Cycle 8

Collection Process: Gravity Method Aspiration

(If aspiration method is used, it must be documented as a protocol violation)

CSF Collection:

1. Date of Collection: _____ [MMDDYYYY]

2. Time of Collection: 24 hour clock: _____ [HHMM]

3. Date subject last ate: _____ [MMDDYYYY]

4. Last time subject ate: 24 hour clock: _____ [HHMM]

CSF Processing:

Time Spint Started: 24 hour clock: _____ [HHMM]

Duration of Centrifuge: _____ minutes

Temperature of Centrifuge: _____ °C Rate of Centrifuge: _____ xg

Total Amount of CSF Collected: _____ mL

Time Aliquoted: _____ [HHMM]

Number of 0.5 mL CSF aliquots created (green cap): _____ x 0.5mL

Number of 1.0 mL CSF aliquots created (orange cap): _____ x 1.0mL

If applicable, volume of residual CSF aliquot (blue cap): _____ mL

If applicable, specimen number of residual CSF aliquot: _____

Time Frozen: _____ [HHMM] Storage Temperature of Freezer: _____ °C

Notes: