

NCRAD Biological Sample Form

90+ Study

Please complete this form when sending blood to NCRAD. The form can be completed on your computer and submitted electronically by an email attachment or can be completed by hand and faxed. Use the Tab key to move to the next field. The contact information for emailing or faxing the form is in the box below.

Please email or fax the form as soon as possible after the blood is drawn. NCRAD would like to receive this form before the blood arrives.

To: Kelley Faber	FAX: 1-317-321-2003	Email: alzstudy@iu.edu
Phone: 1-800-526-2839	Phone: 1-317-274-7546	
From: _____	Site: _____	
Phone: _____	Fax: _____	
Email: _____	Date: _____	
Subject #: _____		
Gender: _____		
Sample Type Included in Shipment:		
<input type="checkbox"/> Blood in Purple top EDTA Tube	<input type="checkbox"/> Saliva in Oragene Collection Kit	
Date sample collected: _____		
UPS tracking #: _____		
For internal NCRAD use only, do not complete.		
Specimen Barcodes:	Volume(ml): Purple _____	
	Volume(ml): Purple _____	
	Volume(ml): Saliva _____	