

## Appendix B: Blood 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](mailto:alzstudy@iu.edu)    Fax: 317-321-2003    Phone: 1-800-526-2839

From: \_\_\_\_\_ UPS tracking #: \_\_\_\_\_

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

Study: Citalopram Study

ID: **01C** \_\_\_\_\_

KIT BARCODE

Sex: ☐ M ☐ F    Year of Birth: \_\_\_\_\_

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

### Blood Collection:

Date of Draw: _____ [MMDDYY]	Time of Draw: _____ [HHMM]
Date subject last ate: _____ [MMDDYY]	Time subject last ate: _____ [HHMM]
Blood volume of EDTA: _____ mL	
Time sample frozen: _____ [HHMM]	
Storage temperature of freezer: _____ °C	

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