

**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 Phone: 1-800-526-2839/317-278-8413From: Mahesh Joshi, PhD UPS tracking #: 1Z976R8W84Phone: 561-869-6827 Email: maj145@med.miami.edu

Study: Multicultural Community Dementia Screening

Visit: ☐ Baseline ☐ 1-Year ☐ 2-Year ☐ 3-Year ☐ 4-Year ☐ 5-YearSex: ☐ M ☐ F Year of Birth: _____Participant ID: HBI _____

KIT BARCODE

Blood Collection:

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)**

Original blood volume of EDTA #1: _____	Original blood volume of EDTA #2: _____ mL
Time spin started: _____ [HHMM]	Duration of centrifuge: _____ mins
Temp of centrifuge: _____ °C	Rate of centrifuge: _____ x g
Time aliquoted: _____ [HHMM]	Number of 1.5 mL plasma aliquots created (purple cap, up to 6): _____
If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue cap): _____ mL <input type="checkbox"/> N/A	If applicable, specimen number of residual plasma aliquot (Last four digits): _____ <input type="checkbox"/> N/A
Buffy coat #1 specimen number (Last four digits): _____	Buffy coat #1 volume: _____ mL
Buffy coat #2 specimen number (Last four digits): _____	Buffy coat #2 volume: _____ mL
Time aliquots placed in freezer: _____ [HHMM]	Storage temperature of freezer: _____ °C

Notes: _____