



Appendix B. Biological Sample and Shipment Notification Form

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

To: Kelley Faber	Email: alzstudy@iu.edu	Phone: 1-800-526-2839			
From: _____	UPS Tracking #: <u>1Z976R8W</u>				
Phone: _____	Email: _____				
Study: <input type="checkbox"/> EyeRET <input type="checkbox"/> Brain and Eye Vasculature <input type="checkbox"/> ADRC: Site #: _____ PTID #: _____ ID #: _____ GUID (if available): _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Birth Year: _____					
		KIT BARCODE			
<i>Blood Collection:</i>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 5px;">Date of Draw: _____ [MMDDYY]</td> <td style="padding: 5px;">Time of Draw: _____ [HHMM] (24hr format)</td> </tr> </table>			Date of Draw: _____ [MMDDYY]	Time of Draw: _____ [HHMM] (24hr format)	
Date of Draw: _____ [MMDDYY]	Time of Draw: _____ [HHMM] (24hr format)				
<i>Blood Processing:</i>					
DNA (Buffy Coat)					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-right: 1px solid black; padding: 5px;">Buffy Coat specimen number (Last four digits): _____</td> <td style="width: 10%; border-right: 1px solid black; padding: 5px;">_____</td> <td style="width: 40%; padding: 5px;">Original blood volume of EDTA: _____ mL</td> </tr> </table>			Buffy Coat specimen number (Last four digits): _____	_____	Original blood volume of EDTA: _____ mL
Buffy Coat specimen number (Last four digits): _____	_____	Original blood volume of EDTA: _____ mL			
Notes: _____ _____ _____					