**Biological Sample and Shipment Notification Form**

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

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| --- |
| To: Kelley Faber Email: alzstudy@iu.edu FAX: 317-278-1100 Phone: 1-800-526-2839 |
| *General Information:* Study Staff Name:       Site (circle): UM OHSUPhone:       Fax:       Email:       Date Mailed:        |
|  **Subject ID #:**       **Subject Sex:** [ ] M [ ] F **Subject Year of Birth:**      **Ethnicity:** Does subject report Hispanic/Latino Ethnicity?[ ] Y [ ] N**Race:** [ ]  White [ ]  Black or African American [ ] American Indian or Alaska Native [ ]  Asian [ ]  Native Hawaiian or other Pacific Islander [ ]  Other (specify):  [ ]  Unknown  |
| *Saliva Collection:***Date Collected:**       **Notes**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Internal NCRAD Use-Do Not Complete*****Specimen Barcode:** Volume (ml) Saliva: |