

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

From: _____ UPS tracking #: **1Z976R8W**

Phone: _____ Email: _____

Study: PACT ☐ Baseline Visit ☐ 3-Year Visit

Participant ID: _____

Sex: ☐ M ☐ F Year of Birth: _____

KIT BARCODE

of Training Levels Completed: _____ As of _____ [MM/DD/YY]

Blood Collection: (Use 24-Hour format when recording time)

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: _____ mL	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 (lavender 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: _____

Blood Collection: _____ (Initial)

Blood Processing: _____ (Initial)

Made Shipment: _____ (Initial)