

## Appendix C: CSF Sample and Shipment Notification Form

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

|  |  |   |  |   |  |                       |  |
|--|--|---|--|---|--|-----------------------|--|
| To: Kelley Faber   |  | Email: <a href="mailto:alzstudy@iu.edu">alzstudy@iu.edu</a> |  | FAX: 317-321-2003   |  | Phone: 1-800-526-2839 |  |
| From: _____  |  |   |  | FedEx tracking #: _____   |  |                       |  |
| Phone: _____   |  |   |  | Email: _____  |  |                       |  |
| Site #: _____  |  |   |  |   |  |                       |  |
| Study: ALLFTD Longitudinal Arm <input type="checkbox"/>  |  | ALLFTD Biofluid-Focused Arm <input type="checkbox"/>        |  | <div style="border: 1px solid black; padding: 10px; width: 100%;">KIT BARCODE</div> |  |                       |  |
| RAVE ID: _____   |  | RAVE Cycle: _____   |  |   |  |                       |  |
| Sex: <input type="checkbox"/> M <input type="checkbox"/> F   |  | Year of Birth: _____  |  |   |  |                       |  |
| <b>Kit #:</b> _____  |  |   |  |   |  |                       |  |
| <b>CSF Collection:</b> (All Times Recorded using 24 hour clock: HHMM)                                |  |   |  |   |  |                       |  |
| 1. Date of Draw: _____ [MMDDYY]  |  |   |  | 2. Time of Draw: _____ [HHMM]   |  |                       |  |
| 3. Date participant last ate: _____ [MMDDYY]   |  |   |  | 4. Time participant last ate: _____ [HHMM]  |  |                       |  |
| Collection Process: <input type="checkbox"/> Gravitational <b>OR</b> <input type="checkbox"/> Pull   |  |   |  |   |  |                       |  |
| <b>CSF Processing:</b>   |  |   |  |   |  |                       |  |
| Time spin started: _____   |  |   |  | _____ [HHMM]  |  |                       |  |
| Duration of centrifuge: _____  |  |   |  | _____ minutes   |  |                       |  |
| Temp of centrifuge: _____ °C   |  |   |  | Rate of centrifuge: _____ x g   |  |                       |  |
| Total amount of CSF collected (mL): _____  |  |   |  | _____ mL  |  |                       |  |
| Time aliquoted: _____  |  |   |  | _____ [HHMM]  |  |                       |  |
| Number of 1.5 mL plasma aliquots created (up to 15 total):<br><b>(Orange cap cryovials):</b>         |  |   |  | _____   |  |                       |  |
| If applicable, volume of residual plasma aliquot (less than 1.5 mL):<br><b>(Blue cap cryovials):</b> |  |   |  | _____ mL  |  |                       |  |
| If applicable, specimen number of residual aliquot tube:<br><b>(Last four digits)</b>                |  |   |  | _____   |  |                       |  |
| Time frozen: _____   |  |   |  | _____ [HHMM]  |  |                       |  |
| Storage temperature of freezer: _____  |  |   |  | _____ °C  |  |                       |  |
| <b>NOTES:</b><br>_____<br>_____<br>_____   |  |   |  |   |  |                       |  |