

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: alzstudy@iu	ı.edu FAX: 317-321-2003 Phone: 1-800-526-2839
General Information: FedEx tracking #:		
From:		Site:
Phone:		Fax:
Email:		Date:
Study:	4RTNI-2 ARTFL Kit #	
Site ID: Fam #:		'' of Birth: Visit:
CSF Collection:		
1. Date of Collection: [YYYYMMDD]		2. Time of collection: 24 hour clock:[HHMM]
3. Last time subject ate: Date:[YYYYMMDD]		4. Last time subject ate: Time: 24 hour clock: [HHMM]
5. Collection process: Gravitational OR Pull		
CSF Processing:		
II 1 LOTAL NUMBER OF CICE ALIGNOT TUBES		4. Total number of CSF 0.5 mL aliquots transferred to NCRAD: (Clear cap cryovial):
		5. Total number of CSF 1.0 mL aliquots transferred to NCRAD: (Orange cap cryovial):
		6. If applicable, volume of CSF residual aliquot (less than 0.5 mL): (Blue cap cryovial):
7. If applicable, specimen number of residual aliquot tube: (Last four digits):		
Notes:		

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