

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		FAX: 317-278-1100		Phone: 1-800-526-2839									
From: _____			UPS tracking #: _____												
Phone: _____			Email: _____			Site #: _____									
Study: ALLFTD Longitudinal <input type="checkbox"/>		ALLFTD Biofluid <input type="checkbox"/>		KIT BARCODE											
RAVE ID: _____		RAVE Cycle: _____													
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Year of Birth: _____													
Blood Collection: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Date of Draw: _____ [MMDDYY]</td> <td colspan="2">Time of Draw: _____ [HHMM]</td> </tr> <tr> <td colspan="2">Date subject last ate: _____ [MMDDYY]</td> <td colspan="2">Time subject last ate: _____ [HHMM]</td> </tr> </table>								Date of Draw: _____ [MMDDYY]		Time of Draw: _____ [HHMM]		Date subject last ate: _____ [MMDDYY]		Time subject last ate: _____ [HHMM]	
Date of Draw: _____ [MMDDYY]		Time of Draw: _____ [HHMM]													
Date subject last ate: _____ [MMDDYY]		Time subject last ate: _____ [HHMM]													
PBMC (NaHep Tubes)				RNA (PAXgene™ Tubes)											
#1	Specimen No. (Last four digits): _____	Original volume drawn: _____ ml	Original volume drawn (2 x 2.5 ml PAXgene™ tubes): _____ ml												
#2	Specimen No. (Last four digits): _____	Original volume drawn: _____ ml	PAXgene™ tubes Time frozen: _____ [HHMM]												
Storage temperature of freezer: _____ °C															
Blood Processing:															
Plasma & Buffy Coat (Lavender-Top) Tube (10 mL)															
Time spin started:						_____ [HHMM]									
Duration of centrifugation:						_____ Minutes									
Temp of centrifuge: _____ °C Rate of centrifuge: _____ x g															
Time aliquoted:						_____ [HHMM]									
Number of 1.5 mL plasma aliquots created (lavender cap, up to 9):						_____									
If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue cap):						_____ mL									
If applicable, specimen number of residual plasma aliquot (last four digits):						_____									
Buffy coat #1 last four digits of specimen number: _____															
Buffy coat #1 volume: _____ mL				Original blood volume drawn: _____ mL											
Buffy coat #2 last four digits of specimen number: _____															
Buffy coat #2 volume: _____ mL				Original blood volume drawn: _____ mL											
Buffy coat #3 last four digits of specimen number: _____															
Buffy coat #3 volume: _____ mL				Original blood volume drawn: _____ mL											
Time plasma and buffy coat aliquots frozen:						_____ [HHMM]									
Serum (Red-Top) Tube (10 mL)															
Time spin started						_____ [HHMM]									
Duration of centrifugation:						_____ Minutes									
Temp of centrifuge: _____ °C Rate of centrifuge: _____ x g															
Time aliquoted:						_____ [HHMM]									
Number of 1.5 mL serum aliquots created (red cap, up to 3):						_____									
If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue cap):						_____ mL									
If applicable, specimen number of residual plasma aliquot (last four digits):						_____									
Time serum aliquots frozen:						_____ [HHMM]									
NOTES:															