



## Appendix B

### Biological 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](mailto:alzstudy@iu.edu) FAX: 317-278-1100 Phone: 1-800-526-2839

#### General Information:

FedEx tracking #: \_\_\_\_\_

From: \_\_\_\_\_ Site: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Study: 4RTNI-2 ARTFL Kit #: \_\_\_\_\_

Visit: \_\_\_\_\_

Site ID: \_\_\_\_\_ RAVE #: \_\_\_\_\_

Fam #: \_\_\_\_\_ Sex: ☐ M ☐ F Year of Birth: \_\_\_\_\_ CSF Sample Donated? ☐ Yes ☐ No

KIT BARCODE

#### Blood Collection:

|  |   |
|--|---|
| 1. Date Drawn: _____ [YYYYMMDD]  | 2. Time of Draw: 24 hour clock: _____ [HHMM]                |
| 3. Last time subject ate: Date: _____ [YYYYMMDD]   | 4. Last time subject ate: Time: 24 hour clock: _____ [HHMM] |
| 5. Sodium heparin tube (PBMC) drawn: <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| 6. Total volume of blood drawn into 3 x 2.5 ml PAXgene RNA tubes: _____ mL   |   |
| <ul style="list-style-type: none"> <li>Were the PAXgene™ tubes the last tubes drawn? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> |   |

#### Blood Processing:

| Plasma (EDTA Tube)   |                | Serum (Serum Determination Tube)  |                |
|--|----------------|---|----------------|
| Time spin started: 24 hour clock:  | _____ [HHMM]   | Time spin started: 24 hour clock:<br>(within 30 minutes of draw time):                                | _____ [HHMM]   |
| Original volume drawn (2x10 mL or<br>3 x10 mL EDTA tube):  | _____ mL       | Original volume drawn<br>(1x10 mL Serum tube):  | _____ mL       |
| Number of 0.5 mL plasma aliquots<br>created (24-30 BL) or (14-20 LONG):<br><b>(Lavender cap cryovial):</b> | _____ x 0.5 mL | Number of 0.5 mL serum aliquots<br>created (8-10 total):<br><b>(Red cap cryovial):</b>                | _____ x 0.5 mL |
| If applicable, volume of residual plasma<br>aliquot (less than 0.5 mL):<br><b>(Blue cap cryovial):</b>     | _____ mL       | If applicable, volume of residual<br>serum aliquot (less than 0.5 mL):<br><b>(Blue cap cryovial):</b> | _____ mL       |
| If applicable, specimen number of<br>residual aliquot: <b>(Last four digits)</b>                           | _____          | If applicable, specimen number of<br>residual aliquot: <b>(Last four<br/>digits)</b>                  | _____          |
| Buffy coat aliquots created (one per<br>EDTA tube): <b>(Clear cap cryovial):</b>                           | _____          |   |                |
| Time aliquots placed in freezer:<br>24 hour clock:   | _____ [HHMM]   | Time aliquots placed in freezer:<br>24 hour clock:  | _____ [HHMM]   |

Notes: \_\_\_\_\_