

## Biospecimen Collection, Processing, and Shipment Manual



## **Appendix A: Blood Sample and Shipment Notification Form**

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

To: Kelley Faber E	mail: <u>alzstudy@iu.edu</u>	FAX: 317-321-2003	Phone: 1-800-526-2839
From:		UPS tracking #:	
Phone:		Email:	
Site (circle one): Madison Milwaukee La Crosse			
WRAP ID:			
Visit Number (1-10):		Kit #: KIT BARCODE	
Sex: M F Year of Birth:			
Blood Collection:			
Date of Draw:		Time of Draws	
Date subject last ate:		Time subject last ate:	
PBMC drawn?	Yes No	CSF Collected?	Yes No
Blood Processing:			
Serum (Red-top) Tube (9 ml)		Plasma & Buffy Coat (Purple-top) Tube (10 ml)	
Original volume drawn:	ml	Original volume di	awn:ml
Time spin started:	AMPM	Time spin sta	orted: AM PM
Duration of centrifuge:	minutes	Duration of centri	fuge: minutes
Temp of centrifuge:	°C	Temp of centri	fuge: C
Rate of centrifuge:	rpm	Rate of centri	fuge:rpm
Time aliquoted:		Time aliqu	
# of 0.5 ml serum aliquots		# of 0.5 ml plasma alid	•
(red-capped cryovials):		(purple-capped cryov # of buffy coat alid	
		(clear-capped cryo	•
Time aliquots placed		Time aliquots p	
in freezer:			ezer:AMPM
Storage temperature		Storage temper	
in freezer:	°C	in fre	ezer: C
Notes:			

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