

## 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: <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: 5px;">           KIT BARCODE         </div>			
RAVE ID: _____		RAVE Cycle: _____					
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Year of Birth: _____					
Kit #: _____							
<b>Blood Collection:</b> (All Times Recorded using 24 hour clock: HHMM)							
Date of Draw: _____ [MMDDYY]				Time of Draw: _____ [HHMM]			
Date participant last ate: _____ [MMDDYY]				Time participant last ate: _____ [HHMM]			
PBMC (NaHep Tubes) <input type="checkbox"/> N/A				RNA (PAXgene™ Tubes) <input type="checkbox"/> N/A			
#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							
<b>Blood Processing:</b>							
<b>Plasma &amp; Buffy Coat (Lavender-Top) Tube (10 mL)</b>							
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]	
<b>Serum (Red-Top) Tube (10 mL) <input type="checkbox"/> N/A</b>							
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 serum aliquot (less than 1.5 mL in blue cap):						_____	
If applicable, specimen number of residual serum aliquot (last four digits):						_____ mL	
Time serum aliquots frozen:						_____ [HHMM]	
<b>NOTES:</b>							