

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 FAX: 317-321-2003 Phone: 1-800-526-2839

General Information:

From: _____ Date: _____

Phone: _____ Email: _____

Study: NIA-LOAD

Site: _____ **Family:** _____ **Individual:** _____ **GUID:** _____

Sex: ☐ M ☐ F

Year of Birth: _____

Kit #: _____

KIT BARCODE

FedEx tracking #: _____

Blood Collection:

1. Date Blood Tubes Drawn: _____ [MMDDYYYY]

2. Original Volume drawn (2 x EDTA Lavender Top): _____ (mL)

3. Original Volume drawn (2 x NaHep Green Top): _____ (mL)

Notes: _____