



NCRAD



Appendix C

Participant ID: LDS

**CSF 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: **LEADS** CI Participant CN Participant Kit #: \_\_\_\_\_

KIT BARCODE

Visit (circle one): **BASELINE** **Month 12** **Month 24**

Sex: M F Year of Birth: \_\_\_\_\_ CSF Collected? Yes No

FedEx tracking #: \_\_\_\_\_ Gauge needle used for LP: 22G 24G

**CSF Collection:**

1. Date of Collection: \_\_\_\_\_ 2. Time of Collection: 24 hour clock: \_\_\_\_\_ [HHMM]

3. Last time subject ate: Date: \_\_\_\_\_ 4. Last time subject ate: 24 hour clock: \_\_\_\_\_ [HHMM]

5. Collection process: Gravity Method **OR** Aspiration

**CSF Processing:**

Time spin started: 24 hour clock: \_\_\_\_\_ [HHMM]

Duration of centrifuge: \_\_\_\_\_ minutes

Temp of centrifuge: \_\_\_\_\_ °C Rate of centrifuge: \_\_\_\_\_ x g

Total amount of CSF **collected** (mL): \_\_\_\_\_ mL

Time aliquoted: \_\_\_\_\_ [HHMM]

Number of 1.5 mL aliquots created (up to 14 total):  
**(Orange cap cryovials):** \_\_\_\_\_ x 1.5 mL

If applicable, volume of CSF residual aliquot (less than 1.5 mL):  
**(Blue cap cryovial):** \_\_\_\_\_ mL

If applicable, specimen number of residual aliquot tube:  
**(Last four digits):** \_\_\_\_\_

Time frozen: \_\_\_\_\_ [HHMM]

Storage temperature of freezer: \_\_\_\_\_ °C

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