



## Appendix B: CSF 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: _____		UPS tracking #: _____	
Phone: _____		Email: _____	
Site: Madison		<div style="border: 1px dashed black; padding: 20px; min-height: 100px;"> <p>Kit #: _____</p> <p>KIT BARCODE</p> </div>	
WRAP ID: _____			
Visit Number (1-10): _____			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F Year of Birth: _____			
CSF Collection:			
Date of Draw: _____		Time of Draw: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Date subject last ate: _____		Time subject last ate: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Collection process: <input type="checkbox"/> Gravitational <b>OR</b> <input type="checkbox"/> Pull			
CSF Processing:			
Original volume drawn: _____ ml			
Time spin started: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			
Duration of centrifuge: _____ minutes			
Temp of Centrifuge: _____ °C			
Rate of centrifuge: _____ rpm			
Time aliquoted: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			
Number of 0.5 ml CSF aliquots created (clear-capped cryovials): _____			
Time aliquots placed in freezer: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			
Storage temperature in freezer: _____ °C			
Notes: _____ _____			