

Appendix B



Participant ID: DSR _ _ _ _ _

Biological Sample and Shipment Notification Form

Please email or fax this from prior to the date of shipment.

To: Kelley Faber Email: alzstudy@iu.edu FAX: 317-321-2003 Phone: 1-800-526-2839

General Information:

UPS tracking #: _____

From: _____ Date: _____

Phone: _____ Email: _____

Study: LIFE-DSR

Kit #: _____

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

KIT BARCODE

Sex: M F Year of Birth: _____

Blood Collection:

1. Date Drawn: [MMDDYY]	2. Time of Draw: [HHMM]
3. Last time subject ate: [MMDDYY]	4. Last time subject ate: [HHMM]

Blood Processing:

Plasma & Buffy Coat (Lavender-top) Tube (10 mL)	
Time spin started:	_____ [HHMM]
Duration of centrifuge:	_____ Minutes
Temp of Centrifuge: _____ °C Rate of centrifuge: _____ x g	
Time aliquoted:	_____ [HHMM]
Number of 1.5 mL plasma aliquots created (lavender cap): _____	
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 aliquots placed in freezer: _____ [HHMM]	
Storage temperature in freezer: _____ °C	

Notes: