## Biological Sample and Shipment Notification Form - PBMC and Buffy Coat

Please email or fax the form on or prior to the date of shipment

Sample Type	Number of Tubes	Tube Type	Shipment	
Whole blood for PBMC isolation	2	Sodium Heparin (Green- Top) Blood Collection Tube (10ml)	Room Temperature Must be shipped and received within 24 hours of collection	
Whole blood for DNA extraction	2	EDTA (Lavender-Top) Blood Collection Tube (10ml)	Room Temperature  Must be shipped and received within 24 hours of collection	

UPS Tracking #:	Whole blood for DNA extraction		EDTA (Lavender-Top) Blood Collection Tube (10ml)		Room Temperature  Must be shipped and received within 24  hours of collection			
UPS Tracking #:   Date:   Date:   Phone:   Email:   Email:   Study: AD Family-Based Study   Site ID:   Family ID:   Individual ID:   Sex: M   F   Year of Birth:   Visit (please circle one): 1	To: Kelley Faber	Email: alz	study@iu.edu	Pho	one: 1-800-526-	2839		
Date:   Date:	General Information:		Ī	Kit Barco	de			
Study: AD Family-Based Study   Site ID:   Family ID:   Individual ID:	UPS Tracking #:		İ			İ		
Study: AD Family-Based Study  Site ID: Family ID: Individual ID:  Sex: M F  Year of Birth:  Visit (please circle one): 1 2 3 4 5 6 7 8 9 10  Blood Collection:  Date Drawn: [MM/DD/YYYY] Time of Draw: [HH:MM]  Original Volume Drawn (2 x NaHep Green-Top): (mL)  Original Volume Drawn (2 x Lavender-Top): (mL)  Notes: (mL)  **If collected by contracted mobile phlebotomist: complete at time of blood collection  Blood collection completed by: (name)  Company: (name)	Site Coordinator:	Date:	;					
Site ID:   Family ID:   Individual ID:	Phone:	Email:	i.					
Sex: M   F	Study: AD Family-Based Study							
Year of Birth:	Site ID: Fa	amily ID:		Individ	ual ID:			
Visit (please circle one): 1 2 3 4 5 6 7 8 9 10	Sex: M F							
Blood Collection:  Date Drawn: [MM/DD/YYYY] Time of Draw: [HH:MM]  Original Volume Drawn (2 x NaHep Green-Top): (mL)  Original Volume Drawn (2 x Lavender-Top): (mL)  Notes:	Year of Birth:							
Date Drawn: [MM/DD/YYYY] Time of Draw: [HH:MM]  Original Volume Drawn (2 x NaHep Green-Top): (mL)  Original Volume Drawn (2 x Lavender-Top): (mL)  Notes:	Visit (please circle one): 1 2	3 4 5	5 6 7	8 9	10			
Original Volume Drawn (2 x NaHep Green-Top): (mL) Original Volume Drawn (2 x Lavender-Top): (mL)  Notes: **If collected by contracted mobile phlebotomist: complete at time of blood collection  Blood collection completed by: (name)  Company:	Blood Collection:							
Original Volume Drawn (2 x Lavender-Top): (mL)  Notes:	Date Drawn: [MN	I/DD/YYYY]	Time of I	Draw:	[HH:M	IM]		
**If collected by contracted mobile phlebotomist: complete at time of blood collection  Blood collection completed by:	Original Volume Drawn (2 x Nat	Hep Green-Top):			(mL)			
**If collected by contracted mobile phlebotomist: complete at time of blood collection  Blood collection completed by:	Original Volume Drawn (2 x Lav	ender-Top):			_ (mL)			
Blood collection completed by: (name)  Company:	Notes:							
Blood collection completed by: (name)  Company:								
Company:	**If collected by contracted mobile phlebotomist: complete at time of blood collection							
	Blood collection completed by:			(name)				
Contact phone:	Company:		_					
	Contact phone:							