**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](mailto:alzstudy@iu.edu) FAX: 317-278-1100 Phone: 1-800-526-2839 |
| *General Information:*  Study Staff Name:       Site (circle): UM OHSU  Phone:       Fax:  Email:       Date Mailed: |
| **Subject ID #:**         **Subject Sex:** M F **Subject Year of Birth:**        **Ethnicity:** Does subject report Hispanic/Latino Ethnicity?Y N    **Race:**  White  Black or African American American Indian or Alaska Native  Asian  Native Hawaiian or other Pacific Islander  Other (specify):  Unknown |
| *Saliva Collection:*  **Date Collected:**  **Notes**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Internal NCRAD Use-Do Not Complete***  **Specimen Barcode:** Volume (ml)  Saliva: |