

Appendix B: Blood Sample and Shipment Notification Form
 Please email the form on or prior to the date of shipment.

To: Dione Keys Email: alzstudy@iu.edu Phone: 1-800-526-2839

General Information:

UPS tracking #: _____

From: _____

Date: _____

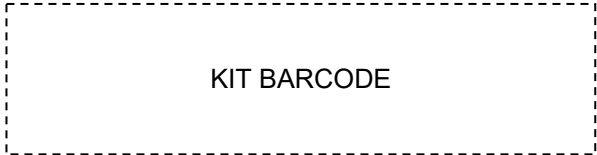
Phone: _____

Email: _____

Study: ACE **Visit:** BL M12 M24

Site ID: _____ **ACE Patient ID #:** _____

Sex: M F **Year of Birth:** _____



Blood Collection:

Date Drawn:	[MM/DD/YY]	Time of Draw:	[HHMM]
Date participant last ate:	[MM/DD/YY]	Time participant last ate:	[HHMM]

Blood Processing:

Serum (Red-top) Tube (10 mL)		Plasma & Buffy Coat (Purple-top) Tube (10 mL)	
Time spin started:	_____ [HHMM]	Time spin started:	_____ [HHMM]
Duration of centrifuge:	_____ Minutes	Duration of centrifuge:	_____ Minutes
Temp of Centrifuge:	_____ °C	Temp of Centrifuge:	_____ °C
Rate of centrifuge:	_____ x g	Rate of centrifuge:	_____ x g
Original volume drawn (1 x 10 mL tube):	_____ mL	Original volume of EDTA #1:	_____ mL
Time aliquoted:	_____ [HHMM]	Original volume of EDTA #2:	_____ mL
Number of 1.5 mL serum aliquots created (red cap):	_____	EDTA #1 specimen number (Last 4 digits):	_____
If applicable, volume of residual serum aliquot (<1.5 mL in blue cap):	_____ mL	EDTA #2 specimen number (Last 4 digits):	_____
If applicable, last four digits of residual serum aliquot:	_____	Time aliquoted:	_____ [HHMM]
Time aliquots placed in freezer:	_____ [HHMM]	Number of 1.5 mL plasma aliquots created (purple cap):	_____
Storage temperature in freezer:	_____ °C	If applicable, volume of residual plasma aliquot (<1.5 mL in blue cap):	_____ mL
		If applicable, last four digits of residual plasma aliquot:	_____
		Record last four digits of site stored plasma aliquot (green cap):	_____ mL
		Time aliquots placed in freezer:	_____ [HHMM]
		Storage temperature in freezer:	_____ °C
		Buffy coat #1 volume (clear cap, one per 10 mL EDTA tube)	_____ mL
		Buffy coat #2 volume (clear cap, one per 10 mL EDTA tube)	_____ mL

Notes: