



Appendix D: Stool Sample and Shipment Notification Form

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

To: Diont'e Keys Email: alzstudy@iu.edu Phone: 1-800-526-2839

FOR STUDY STAFF TO COMPLETE:

Tracking number: _____

From: _____

Date: _____

Phone: _____

Email: _____

FOR STUDY STAFF TO COMPLETE:

Study: ACE Visit: BL M12 M24

Site ID: _____ ACE Patient ID #: _____

Sex: M F Year of Birth: _____



FOR STUDY PARTICIPANT TO COMPLETE:

Stool Collection:

Date Collected:	[MM/DD/YY]	Time of Collection:	(24-hour clock)
Date last ate:	[MM/DD/YY]	Time last ate:	(24-hour clock)