Appendix C. CSF Sample and Shipment Notification Form CSF 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 General Information: UPS tracking #:	
•	Date:
Phone:	Email:
Study: VIVA-MIND GUID:	
Visit: Screening W24 W72 ET	KIT BARCODE
-	<u> </u>
Site ID: ADCS PTID #:	Gauge needle used for LP: 22G 24G
Sex: M F Year of Birth:	CSF Collected? Yes No
CSF Collection:	
Date of collection: [MM/DD/YY] Time	e of collection: [HHMM]
Date subject last ate: [MM/DD/YY] Time	e subject last ate: [HHMM]
Collection process: Gravity Method Yes No	If No, explain:
*Per protocol, lumbar puncture MUST be performed by Gravit	y Method
CSF_Processing:	
Time spin started:	
Duration of centrifuge:	Minutes
Temp of Centrifuge:	°C
Rate of centrifuge:	x g
Total amount of CSF collected:	mL
Time aliquoted:	[HHMM]
2.0ml Sarstedt tube (2.0 ml expected)	
* Sarstedt tube will not undergo centrifugation	mL
Number of 0.5 mL CSF aliquots created (orange cap):	x 0.5 mL
If applicable, volume of residual CSF aliquot (< 0.5 mL in blue	
If applicable, specimen number of residual serum aliquot (la	
Time frozen:	[HHMM]
Storage temperature in freezer:	°C
Notes:	