Appendix B. Biological Sample and Shipment Notification Form Biological 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 #:						
From: Date:						
Phone: Email:						
Study: VIVA-MIND GUID:						
Visit: SCREENING BL W4 W8	W16 W24 W48	W72 ET				
		KIT BAI	KIT BARCODE			
Pre or Post: Pre-dose Post-dos	se Time of d	ose:				
Site ID: ADCS PTID #:						
Sex: M F Year of Birth: CSF Collected? Yes No						
Blood Collection:						
Date Drawn:	[MM/DD/YY]	Time of Draw:	[HHMM]			
Date subject last ate:	[MM/DD/YY]	Time subject last ate:	[HHMM]			
Blood Processing:						
Serum (Red-top) Tube (10 mL)	Plasma & Buffy Coat (Lavender-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		Original volume drawn (1 x 10 mL				
tube):	mL	tube):	mL			
Time aliquoted:	me aliquoted: [HHMM]		[HHMM]			
Number of 0.5 mL serum aliquots		Number of 0.5 mL plasma aliquots				
created (red cap):		created (lavender cap):				
If applicable, volume of residual serum aliquot (<0.5 mL in blue cap):	mL	If applicable, volume of residual plasma aliquot (<0.5 mL in blue cap):	mL			
If applicable, last four digits of		If applicable, last four digits of				
residual serum aliquot:		residual plasma aliquot:				
Time aliquots placed in freezer:	[HHMM]	Time aliquots placed in freezer:	[HHMM]			
Storage temperature in freezer:	°C	Storage temperature in freezer:	°C			
		Buffy coat aliquot created (gray cap, one per 10 mL EDTA tube)	mL			
Notes:						