

Appendix C: Blood Sample and Shipment Notification Form

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

	To: Kelley Faber Email: a	alzstudy@iu.edu F	ax: 317-321-2003 Phone: 1-800-52	6-2839
From: UPS tracking #:				
Phone: Email:				
Study: BBBSR BIFB ADCFB: NACC Visit			Sex: M F Year of Birth:	
PT ID:			KIT BARCODE	
BIFB ID: BI	FB		 	
Blood Collection:				
Dat	Date of Draw: [MMDDYY]		Time of Draw:	_[HHMM]
Dat	e subject last ate:	[MMDDYY]	Time subject last ate:	[HHMM]
Blood Processing:				
Plasma & Buffy Coat (EDTA Tube) EDTA #1 specimen number				
	(Last four digits):		Original blood volume of EDTA #1:	mL
E	OTA #2 specimen number			
	(Last four digits):		Original blood volume of EDTA #2:	mL
	Time spin started:	[HHMM]	Duration of centrifuge:	mins
	Temp of centrifuge:	°C	Rate of centrifuge:	x g
		F	Number of 1.5 mL plasma aliquots	
	Time aliquoted:	[HHMM]	created (purple cap, up to 6):	
	cable, volume of residual aliquot (less than 1.5 mL		If applicable, specimen number of residual plasma aliquot	
piasilia	in blue cap):	mL □N/A	(Last four digits):	_\N/A
Buffy o	oat #1 specimen number (Last four digits):		Buffy coat #1 volume:	mL
Buffy c	oat #2 specimen number (Last four digits):		Buffy coat #2 volume:	mL
Time a	liquots placed in freezer:	[HHMM]	Storage temperature of freezer:	°C
Notes:				

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