



Biospecimen Collection, Processing, and Shipment Manual

**Appendix D: CSF Sample and Shipment Notification Form**

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

To: Kelley Faber Email: [alzstudy@iu.edu](mailto:alzstudy@iu.edu) Phone: 1-800-526-2839

From: \_\_\_\_\_ UPS tracking #: **1Z976R8W84**

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Study: **BenfoTeam** Site ID: \_\_\_\_\_ Participant ID: **BENFO**

Sex: ☐ M ☐ F Year of Birth: \_\_\_\_\_

GUID: \_\_\_\_\_ Protocol Number: **ADC-061-BENFO**

Visit: ☐ Baseline ☐ Week 72

KIT BARCODE

**CSF Collection:**

Date of Draw: _____ [MMDDYY]	Time of Draw: _____ [HHMM]
Date participant last ate: _____ [MMDDYY]	Time participant last ate: _____ [HHMM]
Collection process: <input type="checkbox"/> Gravitational Specify if other method used: _____	Needle used to collect CSF: <input type="checkbox"/> 22g Sprotte <input type="checkbox"/> Other (please specify): _____

**CSF Processing:**

Time spin started: _____	_____ [HHMM]
Duration of centrifuge: _____ mins	
Temp of centrifuge: _____ °C	
Rate of centrifuge: _____ x g	
Total amount of CSF collected (mL): _____ mL	
Time aliquoted: _____	_____ [HHMM]
# of 1.5 mL CSF aliquots created: (Clear-capped cryovial)	_____
If applicable, volume of CSF residual aliquot (less than 1.5 mL): (Blue-capped cryovial)	_____ mL
If applicable, specimen number of residual aliquot: (Last four digits)	_____
Time aliquots frozen: _____	_____ [HHMM]
Storage temperature of freezer: _____ °C	

Notes: \_\_\_\_\_