

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 Phone: 1-800-526-2839

From: _____ UPS tracking #: **1Z976R8W84**

Phone: _____ Email: _____

Study: ADCFB Sex: ☐ M ☐ F Year of Birth: _____

Site ID: _____ PT ID: _____

GUID: _____

NACC Visit: _____

KIT BARCODE

CSF Collection:

Date of Draw: _____ [MMDDYY]	Time of Draw: _____ [HHMM]
Date participant last ate: _____ [MMDDYY]	Time participant last ate: _____ [HHMM]
Collection process: ☐ Gravitational OR ☐ Pull	Needle used to collect CSF: ☐ 20g Quincke ☐ 22g Sprotte ☐ 22g Quincke ☐ 24g Sprotte ☐ 25g Quincke ☐ 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: (Orange-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: _____