Appendix A: Blood Sample and Shipment Notification Form

Protocol: MMGE-NIA-NCRAD-OxICU K-76

To: Kelley Faber Email: alzstudy@iu.edu Phone: 1-800-526-2839

From:_____ **Email:**_____ **Phone:**_____

Study: OxICU K-76

Visit: ☐ Enrollment (Day 1) ☐ ICU Follow Up (Day 4) ☐ Hospital Discharge

☐ 6-Month ☐ 12-Month ☐ 24-Month

KIT BARCODE

Participant ID: K-_____

Sex: ☐ M ☐ F **Year of Birth:** _____

Blood Collection: (Please use 24-hour format)

Date participant last ate:	_____ [MMDDYY]
Time participant last ate:	_____ [HHMM]
Date of Draw:	_____ [MMDDYY]
Time of Draw:	_____ [HHMM]
10 ml EDTA Purple Top Tube – Volume of Blood Collected:	_____mL
10 ml Sodium Heparin Green Top Tube– Volume of Blood Collected:	_____mL
2.5 ml PAXgene Clear Top Tube– Volume of Blood Collected:	_____mL
Time Tubes Place on Cold Packs:	_____[HHMM]

Notes:_____

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