LOAD FBS Brain Tissue Specimens

Please complete this form when sending brain tissue to NCRAD. The contact information for emailing the form is in the box below. **Please email the form as soon as possible after tissue is extracted**. NCRAD would like to receive this form BEFORE tissue arrives.

To: Kelley Faber Fax: 317-321-2003

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

From: _____ Site ID: _____

Phone: _____ Fax: _____

Email: _____ Date: _____

Site ID	Family ID	Individual ID	GUID	Tissue Removal Date	Section of Brain	Sex	Year of Birth	Fixed or Frozen Tissue