



## Appendix B

Participant ID - SAMARTH\_\_\_\_\_

### Blood Sample and Shipment Notification Form

Please email this form prior to the date of shipment.

To: Kelley Faber Email: alzstudy@iu.edu Phone: 1-800-526-2839			
General Information: _____		UPS tracking #: _____	
From: _____		Date: _____	
Phone: _____		Email: _____	
Study: SAMARTH		<div style="border: 1px dashed black; padding: 20px; text-align: center;">Kit Label</div>	
Sex: M F Year of Birth: _____			
Visit (circle number): BL Y1 Y2			
<b>Blood Collection:</b>			
1.Date Drawn: _____ [MMDDYY]		2.Time of Draw: _____ [HHMM]	
3.Last date subject ate: _____ [MMDDYY]		4.Last time subject ate: _____ [HHMM]	
<b>Blood Processing:</b>			
<b>Serum (Red-Top) Tube (10 mL) x 1</b>		<b>Plasma &amp; Buffy Coat (Purple-Top) Tubes (10 mL) x 3</b>	
Time spin started: _____	_____ [HHMM]	Time spin started: _____	_____ [HHMM]
Duration of centrifuge: _____	Minutes	Duration of centrifuge: _____	Minutes
Temp of Centrifuge: _____ °C		Temp of Centrifuge: _____ °C	
Rate of centrifuge: _____ x g		Rate of centrifuge: _____ x g	
Time aliquoted: _____	_____ [HHMM]	Time aliquoted: _____	_____ [HHMM]
Number of 1.5 mL serum aliquots created (red-cap): _____	_____	Number of 1.5 mL plasma aliquots created (purple-cap): _____	_____
Number of 0.5 mL serum aliquots created (red-cap): _____	_____	Number of 0.5 mL plasma aliquots created (purple-cap): _____	_____
Number of 0.2 mL serum aliquots created (clear-cap): _____	_____	Number of 0.2 mL plasma aliquots created (clear-cap): _____	_____
If applicable, volume of residual serum aliquot (less than 0.2 mL in clear cap): _____ mL	_____	If applicable, volume of residual plasma aliquot (less than 0.2 mL in clear cap): _____ mL	_____
If applicable, specimen number of residual serum aliquot (last four digits): _____	_____	If applicable, specimen number of residual plasma aliquot (last four digits): _____	_____
Original blood volume drawn (1 x 10 mL Serum collection tube): _____ mL	_____	Original blood volume drawn (3 x 10 mL EDTA collection tube): _____ mL	EDTA #1: _____ mL EDTA #2: _____ mL EDTA #3: _____ mL
Time aliquots placed in freezer: _____ [HHMM]	_____	Buffy coat aliquot specimen numbers (last four digits): _____	Buffy Coat #1: _____ Buffy Coat #3: _____
Storage temperature in freezer: _____ °C	_____		
<b>Whole Blood (Purple-Top) Tube (6 mL) x 1</b>		<b>Buffy coat volumes (~1.0 mL in blue-cap):</b>	
Time aliquoted: _____	_____ [HHMM]		Buffy Coat #1: _____ mL Buffy Coat #3: _____ mL
Number of 1.0 mL whole blood ali- _____	_____	Time aliquots placed in freezer: _____	_____ [HHMM]
If applicable, volume (less than 1.0 mL) and specimen number of residual (last four digits): _____ mL _____	_____	Storage temperature in freezer: _____	_____ °C
Original blood volume drawn (1 x 6 mL _____ mL	_____		
Time aliquots placed in freezer: _____ [HHMM]	_____		
Storage temperature in freezer: _____ °C	_____		
<b>Notes:</b> _____			
_____			
E.g., hemolysis, blood is coagulated, issues with blood collection - please specify, etc.			