

# Appendix B

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

## Blood Sample and Shipment Notification Form

Please email this form prior to the date of shipment.

<b>To: Kelley Faber   Email: alzstudy@iu.edu   Phone: 1-800-526-2839</b>	
<b>General Information:</b> _____	<b>UPS tracking #:</b> _____
<b>From:</b> _____	<b>Date:</b> _____
<b>Phone:</b> _____	<b>Email:</b> _____
Study: SAMENA	<div style="border: 2px dashed black; padding: 20px; width: 100%;"> <h3 style="margin: 0;">Kit Label</h3> </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]

### Blood Processing:

Serum (Red-Top) Tube (10 mL) x 1		Plasma & Buffy Coat (Purple-Top) Tubes (10 mL) x 3	
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 0.5 mL serum aliquots created (clear-cap) <b>(Store at Rutgers site):</b> _____		Number of 0.5 mL plasma aliquots created (clear-cap) <b>(Store at Rutgers site):</b> _____	
Number of 1.5 mL serum aliquots created (red-cap): _____		Number of 1.5 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 <b>(last four digits):</b> _____		If applicable, specimen number of residual plasma aliquot <b>(last four digits):</b> _____	
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 <b>(last four digits):</b> _____	Buffy Coat #1: _____ Buffy Coat #2: _____ Buffy Coat #3: _____
Storage temperature in freezer: _____ °C			
Whole Blood (Purple-Top) Tube (6 mL) x 1			
Time aliquoted: _____ [HHMM]		Buffy coat volumes (~1.0 mL in blue-cap): _____	Buffy Coat #1: _____ mL Buffy Coat #2: _____ mL Buffy Coat #3: _____ mL
Number of 1.0 mL whole blood aliquots created (green-cap): _____		Time aliquots placed in freezer: _____ [HHMM]	
Original blood volume drawn (1 x 6 mL EDTA collection tube): _____ mL		Storage temperature in freezer: _____ °C	
Time aliquots placed in freezer: _____ [HHMM]			
Storage temperature in freezer: _____ °C			

<b>Notes:</b>
<i>E.g., hemolysis, blood is coagulated, issues with blood collection - please specify, etc.</i>