



Biospecimen Collection, Processing, and Shipment Manual
Appendix C: Blood Sample and Shipment Notification Form

Online sample form submission is preferred, use this as back up only or if from IU STAT Lab

To: Kelley Faber Email: alzstudy@iu.edu FAX: 317-278-1100 Phone: 1-800-526-2839

From: _____ UPS tracking #: _____
Phone: _____ Email: _____
Site #: _____

Study: SCI-PE

Patient ID: _____ Sex: ☐ M ☐ F Year of Birth: _____

Kit #: _____ KIT BARCODE

Visit: ☐ Week 1 ☐ Month 24 GUID: _____

Blood Collection:

Date of Draw: _____ [MMDDYY]	Time of Draw: _____ [HHMM]
Date participant last ate: _____ [MMDDYY]	Time participant last ate: _____ [HHMM]

Storage temperature of freezer: _____ °C

Blood Processing:

Plasma & Buffy Coat (Lavender-Top) Tubes (2 x 10 mL)	
Time spin started:	_____ [HHMM]
Duration of centrifugation:	_____ Minutes
Temp of centrifuge: _____ °C Rate of centrifuge: _____ x g	
Time aliquoted:	_____ [HHMM]
Number of 1.5 mL plasma aliquots created (purple cap, up to 6):	_____
If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue cap):	_____ mL
If applicable, specimen number of residual plasma aliquot (last four digits):	_____
Buffy coat #1 last four digits of specimen number: _____	
Buffy coat #1 volume: _____ mL	Original blood volume drawn: _____ mL
Buffy coat #2 last four digits of specimen number: _____	
Buffy coat #2 volume: _____ mL	Original blood volume drawn: _____ mL
Time plasma and buffy coat aliquots frozen:	_____ [HHMM]
Notes: 	