

Appendix B: Blood Sample and Shipment Notification Form

Please email the form on or prior to the date of shipment.										
		To:	Kelley Faber	Em	ail: <u>alzstudy@</u>	<u>@iu.edu</u>	Pho	ne: 1-800-526-2839		
From: UPS tracking #:										
Phone: Email:										
Study: Veri-T Site #: Participant ID: Sex: M F Ye								Year of Birth:		
Visit:		Dose		Timep	pint					
		Pre-Dose Day 1 Week 12 Week 24 ET					KIT BARCODE			
Blood Collection:										
		Date of Dra	Draw: [MMDDYY] Time of Draw:				[HHMM]	[HHMM]		
		Date participant last ate: [MMDDYY] Time				Time particip	ant last ate:	t ate: [HHMM]		
Blood Processing:										
Plasma PK (Lavender-Top) Tube (10 mL)										
Original Volume EDTA Drawn (could be up to 2 * 10mL): 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 (lavender cap, up to 9):										
If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue cap):								mL	mL	
If applicable, last four digits of residual plasma aliquot barcode:										
Time plasma aliquots frozen:									[HHMM]	
Plasma PD (Lavender-Top) Tube (10 mL)										
Original Volume EDTA Drawn (could be up to 2 * 10mL):										
Time spin started:									mL	
									[HHMM]	
Duration of centrifugation: Minutes Temp of centrifuge: x g										
Temp of centrifuge: °C Rate of centrifuge: x g Time aliquoted:								[HHN	4M]	
Number of 1.5 mL plasma aliquots created (lavender cap, up to 9):										
If applicable, volume of residual plasma aliquot (less than 1.5 mL in blue cap):								mL	mL	
If applicable, last four digits of residual plasma aliquot barcode:										
Time plasma aliquots frozen:									[HHMM]	
NOTES:										