


## Appendix C




**iLEADS**  
international  
Longitudinal Early-Onset  
Alzheimer's Disease Study

Participant ID: LDS \_\_\_\_\_

**Biological Sample and Shipment Notification Form**

*Please email or fax the form on or prior to the date of shipment*



**To:** Kelley Faber      **Email:** alzstudy@iu.edu      **Phone:** 1-800-526-2839

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**General Information:**

**From:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Study:** iLEADS: ☐ CI Participant    ☐ CN Participant

**Visit (circle one):** BASELINE   M12   M24   M36   M48   M60   M72

**Sex:**    ☐ M    ☐ F

**Year of Birth:** \_\_\_\_\_

**Tracking #:** \_\_\_\_\_

**Kit #:** \_\_\_\_\_

KIT BARCODE

**CSF Collected?**    ☐ Yes    ☐ No

**Gauge needle used for LP:**    ☐ 22G    ☐ 24G

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**CSF Collection:**

1. Date of Collection (MM/DD/YYYY): \_\_\_\_\_

2. Time of Collection (24 hour clock): \_\_\_\_\_ [HHMM]

3. Last date subject ate (MM/DD/YYYY): \_\_\_\_\_

4. Last time subject at (24 hour clock): \_\_\_\_\_ [HHMM]

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**CSF Processing:**

Total amount of CSF collected:	_____ mL
Time spin started (24 hour clock):	_____ [HHMM]
Duration of centrifuge:	_____ minutes
Temp of centrifuge:	_____ °C
Rate of centrifuge	_____ xg
Time aliquoted:	_____ [HHMM]
Number of 1.5mL aliquots created (up to 14 total): (Orange cap cryovial)	_____
If applicable, volume of CSF residual aliquot (Blue cap cryovial)	_____
If applicable, specimen number of residual CSF aliquot (Last four digits):	_____
Time aliquots placed in freezer (24 hour clock):	_____ [HHMM]
Storage temperature of freezer:	_____ °C

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**Notes:**

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