

Biospecimen Collection, Processing, and Shipment Manual

Appendix B: Blood 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: 1-800-526-2839/317-278-8413			
From: Mahesh Joshi, PhD		PS tracking #: <u>1Z976R8W84</u>	
Phone: 561-869-6827	Email:	maj145@med.miami.edu	
Study: Multicultural Community Dementia Screening			
Visit: Baseline 1-Year 2-Year 3-Year 4-Year 5-Year			
Sex: M F Year of Birth: _			
Participant ID: HBI		KIT BARCODE	
Blood Collection:			
Date of Draw:	[MMDDYY]	Time of Draw:	_[HHMM]
Date participant last ate:		Time participant last ate:	
Blood Processing:			
Plasma & Buffy Coat (EDTA Tube)			
Original blood volume of EDTA #1:		Original blood volume of EDTA #2:	mL
Time spin started:	[HHMM]	Duration of centrifuge:	mins
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	[If applicable, specimen number of	
residual plasma aliquot		residual plasma aliquot	
(less than 1.5 mL in blue cap):	mL	(Last four digits):	\\N/A
Buffy coat #1 specimen number			
(Last four digits):		Buffy coat #1 volume:	mL
Buffy coat #2 specimen number (Last four digits):		Buffy coat #2 volume:	ml
, , ,	[11110404]	•	mL
Time aliquots placed in freezer:	[HHMM]	Storage temperature of freezer:	°C
Notes:			

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