

Biological Sample and Shipment Notification Form - Genetic Testing

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

Sample Type	Number of Tubes	Tube Type	Shipment
Whole blood for Genetic Testing	1	EDTA (Lavender-Top) Blood Collection Tube (3ml)	Frozen (Dry Ice)

To: Kelley Faber

Email: alzstudy@iu.edu

Phone: 1-800-526-2839

General Information:

UPS Tracking #: _____

Site Coordinator: _____ Date: _____

Phone: _____ Email: _____

Kit Barcode

Study: AD Family-Based Study

Site ID: _____ Family ID: _____ Individual ID: _____

Sex: M F

Year of Birth: _____

Visit (please circle one): 1 2 3 4 5 6 7 8 9 10

Blood Collection:

Date Drawn: _____ [MM/DD/YYYY]

Time of Draw: _____ [HH:MM]

Original Volume Drawn (1 x Lavender-Top): _____ (mL)

Notes:

****If collected by contracted mobile phlebotomist: complete at time of blood collection**

Blood collection completed by: _____ (name)

Company: _____

Contact phone: _____