PPMI
iPSC BLOOD SAMPLE

SUBJECT ID ☐☐☐☐☐   VISIT NO ☐☐☐

INITIALS ☐☐☐   SITE NO ☐☐☐   VISIT DATE ☐☐ ☐☐ ☐☐☐☐
                                                MM   DD   YYYY

1. Was blood draw completed? (0 = No, 1 = Yes) (If No, comment below)   1. ☐

2. Is subject on medication for PD? (0 = No, 1 = Yes)   2. ☐

    2a. Date of most recent PD medication dosing: 2a. ☐☐ ☐☐ ☐☐☐☐
                                                          MM   DD   YYYY

    2b. Time of most recent PD medication dosing: (24-hour clock)   2b. ☐☐ : ☐☐

3. Did subject take warfarin (Coumadin) prior to blood draw today? (0 = No, 1 = Yes)   3. ☐

4. Did subject take heparin or any other similar anticoagulant medication prior to blood draw today? (0 = No, 1 = Yes)   4. ☐

5. Does the subject have a history of liver disease? (0 = No, 1 = Yes)   5. ☐

6. Does the subject have a history of multiple myeloma? (0 = No, 1 = Yes)   6. ☐

7. Blood for Lithium Heparin: (0 = Not Collected, 1 = Collected)   7. ☐

    7a. Time of Lithium Heparin sample collection: (24-hour clock)   7a. ☐☐ : ☐☐

    7b. Number of Inversions: 7b. ☐

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SUBJECT ID [ ][ ][ ][ ][ ]   VISIT NO [ ][ ][ ]

8. Blood for Serum Separated Tube sample collection:
(0 = Not Collected, 1 = Collected)   8. [ ]

    8a. Time of Serum Separated Tube sample collection:
        (24-hour clock)   8a. [ ][ ] : [ ][ ]

    8b. Time of centrifugation: (24-hour clock)   8b. [ ][ ] : [ ][ ]

    8c. Rate of centrifugation: (xg)   8c. [ ][ ][ ][ ]

    8d. Duration of centrifugation: (minutes)   8d. [ ][ ]

    8e. Was sample spun at room temperature? (0 = No, 1 = Yes)   8e. [ ]

9. Blood for (CPT): (0 = Not Collected, 1 = Collected)   9. [ ]

    9a. Number of CPT tubes collected: 9a. [ ]

    9b. Time of CPT sample collection: (24-hour clock)   9b. [ ][ ] : [ ][ ]

    9c. Time of centrifugation: (24-hour clock)   9c. [ ][ ] : [ ][ ]

    9d. Rate of centrifugation: (xg)   9d. [ ][ ][ ][ ]

    9e. Duration of centrifugation: (minutes)   9e. [ ][ ]

    9f. Was sample spun at room temperature? (0 = No, 1 = Yes)   9f. [ ]

10. Date samples shipped: 10. [ ][ ] [ ][ ] [ ][ ][ ][ ]
                                          MM   DD   YYYY

11. Cold gel packs used for shipping: (0 = No, 1 = Yes)   11. [ ]

12. CDI ID#:   9c. [ ][ ][ ][ ][ ] . [1]

Comments: _____

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