

PPMI
PBMC

1 3 2

1 5 0

SUBJECT ID
INITIALS SITE NO
VISIT DATE
MM DD YYYY

A. Date of last food intake: A.
MM DD YYYY

B. Time of last intake of food: B. :
24-hour clock

Ba. Fasting status: Ba.
(1 = fasted (minimum of 8 hours), 2 = low fat diet, 3 = not fasted, no low fat diet)

1. PBMC sample collected: 1.
(0 = No, 1 = Collected, 2 = Partial Collection, 3 = attempted, no collection)
If response is 0, 2 or 3, specify in comments.

2. Date PBMC sample collected: 2.
MM DD YYYY

3. Time PBMC sample collected: 3. :
24-hour clock

4. Volume collected in milliliters: 4.
(If volume is less than expected, specify in comments)

5. Date sample shipped: 5.
MM DD YYYY

Comments: _____
