**NEAR Sample Collection Manifest** Page 1 of \_\_\_\_\_

Sample Shipment Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Satellite Center or Research Project Name)

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of samples included in this package: \_\_\_\_\_\_\_\_\_\_\_\_

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| Sample ID number\* | Tissue Name (Saliva or Blood) | Collection Date | Gender (M or F) | Age | Ethnicity | Dementia Status |
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\*This is the ID number that your satellite center or research project has assigned to this sample. For consistency, these assigned sample ID numbers should be consecutive.

**NEAR Sample Manifest** Page \_\_\_\_ of \_\_\_\_\_

Sample Shipment Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Satellite Center or Research Project Name)

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| --- | --- | --- | --- | --- | --- | --- |
| Sample ID number\* | Tissue Name (Saliva or Blood) | Collection Date | Gender (M or F) | Age | Ethnicity | Dementia Status |
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