Supplemental Form 1. Standardized and Detailed CSF Sample Collection Form

CSF SAMPLE SOURCE: ☐ Lumbar puncture ☐ EVD ☐ Ventricular shunt ☐ Drain ☐ Other:

Collection Date ______________ DD/MM/YY	Collection Time __________ HH/MM	Fasting ☐ Yes ☐ No Time of Last Meal ______AM/PM

Sedated Procedure ☐ Yes ☐ No If Yes, which Anesthetic ____________________ Needle Gauge _______________ Number of Tubes Collected ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other __________	Volume of CSF Collected ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other __________ mL Total Volume Collected ______________ mL Collection Temperature ______________°C Transport Temperature ______________°C

Type of Collection Tube _______________________

Were Individual Collection Tubes Pooled/Mixed Prior to Processing/Storage? ☐ Yes ☐ No

Additives to CSF ☐ Yes ☐ No Type _____________________

Centrifugation ☐ Yes ☐ No Processing Time _____________ HH:MM Centrifugation Speed: ___________ ☐ g or ☐ rpm	Centrifugation Duration __________ MM/SEC Centrifugation Temperature ____________ °C Ultrafiltration ☐ Yes ☐ No Device _______________
Number of Aliquots _________ Aliquot Volume _________ mL Type of Storage Tube ______________________	CSF Sent for Clinical Biochemistries? ☐ Yes ☐ No Visual Macroscopic Blood? ☐ Yes ☐ No
Date of Transfer to Long Term Storage ______________ DD/MM/YY Storage Freezer Temperature _____________°C	Time of Transfer to Long Term Storage __________ HH/MM Initials of Study Staff Completing Transfer __________
Notes	**Staff Initials**