



INSERT YOUR FACILITY NAME HERE
CHEMICAL TERRORISM BLOOD SPECIMEN COLLECTION
SHIPPING MANIFEST AND CHAIN OF CUSTODY

SHIP TO: PUBLIC HEALTH LABORATORY SERVICE - 0310
 OKLAHOMA STATE DEPARTMENT OF HEALTH
 ATTN: LESLIE AGUILAR, ROOM B-78
 1000 NE 10TH
 OKLAHOMA CITY, OK 73117-1299
 PH CONTACT: (405) 271-5070

SHIPPED FROM:
 CONTACT NAME:
 STREET ADDRESS:
 CITY/STATE/ZIP:
 PH CONTACT:
 DATE SHIPPED:
 DATE RECEIVED:

SEC. (I.) FILL IN THE NUMBER OF SPECIMENS BEING SHIPPED IN THIS CONTAINER. **DO NOT LEAVE ANY CELLS EMPTY**

NOTE: PLEASE INCLUDE 2 EMPTY PURPLE-TOP TUBES & 2 EMPTY GREEN/GRAY TUBES FROM EACH LOT NUMBER USED (BACKGROUND CONTAMINATION MEASUREMENT).

SEC.(II.) FILL OUT CHAIN OF CUSTODY PER CDC PROTOCOL.

SEC. (III.) 1.) INDICATE THE **SIZE** OF TUBE COLLECTED (2, 3, 3.5, 4, 5 ,7, etc) 2.) INDICATE THE # OF TUBES COLLECTED OF **EACH** COLOR TOP **PER** PATIENT.
 3.) PLACE AN "X" IN EACH BOX FOR SAMPLES **NOT** COLLECTED **OR** SHIPPED. 4.) PLEASE MAKE AS MANY COPIES OF PAGE 2 AS NEEDED FOR PATIENT INFORMATION.

PUT AN "X" OR DRAW A LINE THROUGH EVERY COLUMN OR BLANK NOT USED

SEC(I)			
TOTAL NUMBER OF SPECIMENS IN THIS CONTAINER:		TOTAL NUMBER OF BLANK TUBES IN THIS CONTAINER:	
PURPLE TOP TUBES:		PURPLE TOP TUBES:	
GREEN/GRAY TOP TUBES:		GREEN/GRAY TOP TUBES:	

SEC (II) CHAIN OF CUSTODY SIGNATURES			
PRINTED	SIGNATURE	*REASON	DATE/TIME
Received by			
Received by			
Received by			
Received by			
Received by			
Received by			

*Reason for specimen collection: (I.e., chemical event or drill)

*Reason for receiving specimen(testing, irradiating, performing aliquots)

SEC. (III)	<i>PT= PURPLE TOP GT= GREEN/GRAY TOP</i>								
Patient/Victim ID Label	PT ml	# of PT	GT ml	# of GT	Patient/Victim ID Label	PT ml	# of PT	GT ml	# of GT
Collect by:	Date:		Time:		Collect by:	Date:		Time:	
Patient/Victim ID Label	PT ml	# of PT	GT ml	# of GT	Patient/Victim ID Label	PT ml	# of PT	GT ml	# of GT
Collect by:	Date:		Time:		Collect by:	Date:		Time:	
Patient/Victim ID Label	PT ml	# of PT	GT ml	# of GT	Patient/Victim ID Label	PT ml	# of PT	GT ml	# of GT
Collect by:	Date:		Time:		Collect by:	Date:		Time:	
Patient/Victim ID Label	PT ml	# of PT	GT ml	# of GT	Patient/Victim ID Label	PT ml	# of PT	GT ml	# of GT
Collect by:	Date:		Time:		Collect by:	Date:		Time:	
Patient/Victim ID Label	PT ml	# of PT	GT ml	# of GT	Patient/Victim ID Label	PT ml	# of PT	GT ml	# of GT
Collect by:	Date:		Time:		Collect by:	Date:		Time:	