



**INSERT YOUR FACILITY NAME HERE**  
**CHEMICAL TERRORISM URINE 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:  
 SHIPPED FROM:  
 CITY/STATE/ZIP:  
 PH CONTACT:  
 DATE SHIPPED:  
 DATE RECEIVED:

**SEC. (I.)** FILL IN THE NUMBER OF SPECIMENS & BLANKS BEING SHIPPED IN THIS CONTAINER IN SPACE PROVIDED. **DO NOT LEAVE ANY CELLS EMPTY**  
**NOTE:** PLEASE INCLUDE 2 EMPTY URINE CONTAINERS FROM EACH LOT NUMBER USED (BACKGROUND CONTAMINATION MEASUREMENT).

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

- SEC. (III.)**
- 1.) PLEASE INDICATE THE AMOUNT OF URINE COLLECTED IN THE UR COLUMN
  - 2.) PLACE AN "X" IN EACH BOX FOR SAMPLES NOT COLLECTED OR SHIPPED.
  - 3.) 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**

<b>(SEC. I)</b>	
TOTAL NUMBER OF URINE SPECIMENS IN THIS CONTAINER:	<input style="width: 90%; height: 20px;" type="text"/>
TOTAL NUMBER OF BLANK URINE CUPS IN THIS CONTAINER:	<input style="width: 90%; height: 20px;" type="text"/>

<b>(SEC. II) CHAIN OF CUSTODY SIGNATURES</b>			
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 specimen collection: (I.e., testing, irradiating, performing aliquots )

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

SEC (III.)		UR = URINE CUP	
<b>Patient/Victim ID Label</b>	UR ml	<b>Patient/Victim ID Label</b>	UR ml
Collected by: _____	Date: _____	Time: _____	Collected by: _____
<b>Patient/Victim ID Label</b>	UR ml	<b>Patient/Victim ID Label</b>	UR ml
Collected by: _____	Date: _____	Time: _____	Collected by: _____
<b>Patient/Victim ID Label</b>	UR ml	<b>Patient/Victim ID Label</b>	UR ml
Collected by: _____	Date: _____	Time: _____	Collected by: _____
<b>Patient/Victim ID Label</b>	UR ml	<b>Patient/Victim ID Label</b>	UR ml
Collected by: _____	Date: _____	Time: _____	Collected by: _____