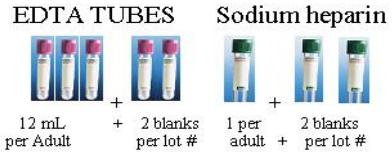
CHEMICAL TERRORISM BLOOD SPECIMEN COLLECTION
SHIPPING MANIFEST AND CHAIN OF CUSTODY

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



Facility Name:
CONTACT NAME:
STREET ADDRESS:
CITY/STATE/ZIP:
PH CONTACT: ( ) EXT
DATE SHIPPED:
DATE RECEIVED:

General Instructions: 1.) FILL IN THE NUMBER OF SPECIMENS & BLANKS BEING SHIPPED IN THIS CONTAINER IN SPACE PROVIDED.
2.) FILL OUT CHAIN OF CUSTODY PER CDC PROTOCOL.
3.) PLEASE INDICATE THE number of EDTA & Green or Grey tubes in this shipment along with the number of empty tubes below.

Radiological Incident

NO BLOO0D IS COLLECTED FOR RADIOLOGICAL INCIDENTS

Chemical specimen

For each person, collect blood in the following order: 1st: collect specimens in three (3) EDTA (purple-top) 4 mL or larger vacuum–fill (unopened), non-gel tubes; 2nd:collect another specimen in one (1) gray- or green-top vacuum–fill (unopened), non-gel tube (fill to capacity).

Note: For children, collect only urine samples unless otherwise directed by CDC.

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

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:	

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)

Developed by: The Oklahoma State Department of Health Public Health Laboratory

Chemical incident - per adult collect in this order: A mininum of 12 mL in three (3) EDTA 4 mL or larger tubes; 1 green or grey top filled to capacity.

A *PT= PURPLE TOP* *GT= GREEN/GRAY TOP*

ER Use Only			Patient/Victim ID Label	PT ml	# of PT	GT ml	# of GT
Emergent	Urgent	Non-Urgent					
			Collected by:				

ER Use Only			Patient/Victim ID Label	PT ml	# of PT	GT ml	# of GT
Emergent	Urgent	Non-Urgent					
			Collected by:				

ER Use Only			Patient/Victim ID Label	PT ml	# of PT	GT ml	# of GT
Emergent	Urgent	Non-Urgent					
			Collected by:				

ER Use Only			Patient/Victim ID Label	PT ml	# of PT	GT ml	# of GT
Emergent	Urgent	Non-Urgent					
			Collected by:				

ER Use Only			Patient/Victim ID Label	PT ml	# of PT	GT ml	# of GT
Emergent	Urgent	Non-Urgent					
			Collected by: Your Signature	Date:		Time:	

ER Use Only			Patient/Victim ID Label	PT ml	# of PT	GT ml	# of GT
Emergent	Urgent	Non-Urgent					
			Collected by: Your Signature	Date:		Time:	

ER Use Only			Patient/Victim ID Label	PT ml	# of PT	GT ml	# of GT
Emergent	Urgent	Non-Urgent					
			Collected by: Your Signature	Date:		Time:	

ER Use Only			Patient/Victim ID Label	PT ml	# of PT	GT ml	# of GT
Emergent	Urgent	Non-Urgent					
			Collected by: Your Signature	Date:		Time:	