_____ Shipping Containers Sent with Courier
#_____ Total Samples Sent

County Lab Shipping Manifest

Submitter Name: HAYS COUNTY HEALTH DEPARTMENT
Submitter City: VICTORIA
Submitter County: HAYS
Submitter Tel: (405) 555-1212

Date Generated: 2/11/2009 8:54:01 AM

Requested Test: GC

Date of Collection: 02/11/2009

Patient Name	Date Rec'd	Lab Number	DOC	Not Sent This Shipment	Current Shipment	Previously Sent	Lab Number Void *	Submitter Initials
ALFRED E NUNN	02/14/09	GCT09-34410223	12/11/2009	☐	☒	☐	☐	
REGIE GREEN	02/14/09	GCT09-34410223	12/11/2009	☐	☒	☐	☐	
NANCY L. POLLINS		GCT09-34410223	12/11/2009	☒	☐	☐	☐	
EL GRECO PICOLINO		GCT09-34410223	12/11/2009	☒	☐	☐	☐	
MEAN JO GREEN	02/14/09	GCT09-34410223	12/11/2009	☐	☒	☐	☐	
VALERIE L REANDT		GCT09-34410223	12/11/2009	☐	☐	☐	☒	
PEGGY B BEARNE		GCT09-34410223	12/11/2009	☐	☒	☐	☐	
REGAN E DONNER	02/14/09	GCT09-34410223	12/11/2009	☐	☒	☐	☐	Called lab 2/14/09
STAN GETZ	02/14/09	GCT09-34410223	12/11/2009	☐	☒	☐	☐	

*If Lab Number void, please attach voided form

County Lab Shipping Manifest

Submitter Name: HAYS COUNTY HEALTH DEPARTMENT
Submitter City: VICTORIA
Submitter County: HAYS
Submitter Tel: (405) 555-1212

Date Generated: 2/11/2009 8:54:01 AM

Requested Test: HIV

Date of Collection: 02/11/2009

Patient Name	Date Rec'd	Lab Number	DOC	Not Sent This Shipment	Current Shipment	Previously Sent	Lab Number Void *	Submitter Initials
FLANNERY O DONNER	02/14/09	HIV09-1278903286	12/11/2009	☐	☒	☐	☐	

*If Lab Number void, please attach voided form

Total Number Requested HIV Tests: 1

County Lab Shipping Manifest

Submitter Name: HAYS COUNTY HEALTH DEPARTMENT
Submitter City: VICTORIA
Submitter County: HAYS
Submitter Tel: (405) 555-1212

Date Generated: 2/11/2009 8:54:01 AM

Requested Test: ISOLATION & IDENTIFICATION

Date of Collection: 02/11/2009

Patient Name	Date Rec'd	Lab Number	DOC	Not Sent This Shipment	Current Shipment	Previously Sent	Lab Number Void *	Submitter Initials
SIMON JOHNSON	02/14/09	TB09-0323005488	12/11/2009	☐	☒	☐	☐	

*If Lab Number void, please attach voided form

Total Number Requested Isolation & Identification Tests: 1

County Lab Shipping Manifest

Submitter Name: HAYS COUNTY HEALTH DEPARTMENT
Submitter City: VICTORIA
Submitter County: HAYS
Submitter Tel: (405) 555-1212

Date Generated: 2/11/2009 8:54:01 AM

Requested Test: SYPHILLIS

Patient Name	Date Rec'd	Lab Number	DOC	Not Sent This Shipment	Current Shipment	Previously Sent	Lab Number Void *	Submitter Initials
Date of Collection: 02/11/2009								
ALFRED E NUNN	02/14/09	SER09-0323030178	12/11/2009	☐	☒	☐	☐	
REGIE GREEN	02/14/09	SER09-0323030179	12/11/2009	☐	☒	☐	☐	
NANCY L. POLLINS		SER09-0323030180	12/11/2009	☒	☐	☐	☐	
EL GRECO PICOLINO		SER09-0323030181	12/11/2009	☒	☐	☐	☐	Called lab 2/14/09
MEAN JO GREEN	02/14/09	SER09-0323030182	12/11/2009	☐	☒	☐	☐	
VALERIE L REANDT		SER09-0323030183	12/11/2009	☐	☐	☐	☒	
PEGGY B BEARNE		SER09-0323030184	12/11/2009	☐	☒	☐	☐	
Date of Collection: 02/10/2009								
NANCY BLANK	02/14/09	SER09-0323030168	12/10/2009	☐	☒	☐	☐	

*If Lab Number void, please attach voided form