

**CENTERS FOR DISEASE CONTROL AND PREVENTION  
CHEMICAL EXPOSURE BLOOD SPECIMEN COLLECTION AND SHIPPING MANIFEST**

**Note:** Blood tubes and urine cups **cannot** be shipped together in the same package, prepare a separate shipping manifest for each. Place each shipping manifest (with specimen identification numbers) in a plastic zippered bag on top of the specimens before closing the lid of the polystyrene foam-insulated, corrugated fiberboard shipper.

Date Shipped: \_\_\_\_\_

Date Received: \_\_\_\_\_

Shipped By: \_\_\_\_\_

Received By: \_\_\_\_\_

Name

Agency

Contact Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**BLOOD**

Total Number of Specimens in this Container: \_\_\_\_\_

Total Number of **Blank Tubes** in this Container: \_\_\_\_\_

Purple Top Tubes: \_\_\_\_\_

**Blank Purple Top Tubes:** \_\_\_\_\_

Green- or Gray-top tubes: \_\_\_\_\_

**Blank Green- or Gray-top tubes:** \_\_\_\_\_

**Please include two (2) empty, unopened purple-top tubes and two (2) empty, unopened green- or gray-top tubes from each lot number collected for background contamination measurement.**

Place a √ in each box for samples shipped. Place an X in each box for samples not shipped. Please indicate the size of the tube collected in the comments field. Collect a minimum of 12 mL of blood. Use three 4-mL or larger vacuum-fill (unopened), non-gel, purple-top (EDTA) tubes; use four tubes if using 3-mL tubes.

PT = Purple-top tube

GT = Green- or Gray-top tube

Patient/Victim ID Label	PT 1	PT 2	PT 3	GT 1	Comments

**CONTINUE ON NEXT PAGE**

**SHIPPING ADDRESS:**

Centers for Disease Control and Prevention  
 CDC Warehouse  
 3719 N. Peachtree Rd.  
 Chamblee, GA 30341  
 ATTN: Chariety Sapp - (770) 488-0343



**CENTERS FOR DISEASE CONTROL AND PREVENTION  
CHEMICAL EXPOSURE URINE SPECIMEN COLLECTION AND SHIPPING MANIFEST**

**Note:** Blood tubes and urine cups **cannot** be shipped together in the same package, prepare a separate shipping manifest for each. Place each shipping manifest (with specimen identification numbers) in a plastic zippered bag on top of the specimens before closing the lid of the polystyrene foam-insulated, corrugated fiberboard shipper.

Date Shipped: \_\_\_\_\_

Shipped By: \_\_\_\_\_

Name

Agency

Contact Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Signature: \_\_\_\_\_

**URINE**

Total Number of Specimens in this Container: \_\_\_\_ | Total Number of **Blank Urine Cups** this Container: \_\_\_\_

**Please include two (2) empty, unopened urine cups from each lot number collected for background contamination measurement.**

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**CONTINUED FROM PREVIOUS PAGE**

<b>PLEASE INDICATE THE AMOUNT OF URINE COLLECTED IN THE URINE CUP (UC) COLUMN.</b>		
<b>Patient/Victim ID Label</b>	<b>UC (Amount)</b>	<b>Comments</b>
		_____ _____

**USE ADDITIONAL COPIES OF THIS PAGE IF NECESSARY**

**NOTE:** Please include two (2) empty, unopened urine cups from each lot number collected for background contamination measurement.