

NORTH CAROLINA STATE LABORATORY OF PUBLIC HEALTH
CHEMICAL TERRORISM URINE SPECIMEN COLLECTION
AND SHIPPING MANIFEST

DATE SHIPPED: _____

SHIPPED BY: _____

CONTACT TELEPHONE: _____

SIGNATURE: _____

DATE RECEIVED _____

RECEIVED BY: _____

SIGNATURE: _____

TOTAL NUMBER OF SPECIMENS IN THIS CONTAINER:	URINE CUPS:	
TOTAL NUMBER OF BLANK URINE CUPS PROVIDED IN THIS CONTAINER:	BLANK URINE CUPS:	

COMMENTS: _____

SHIPPING ADDRESS: NCSLPH
ATTN: Chemical Terrorism and Threat Unit
4312 District Drive
RALEIGH, NC 27607
(919)733-7834
(919)807-8771(CTAT UNIT)

PLEASE INDICATE THE AMOUNT OF URINE COLLECTED IN THE UC COLUMN, AND THE DATE/TIME THAT THE SPECIMEN WAS COLLECTED IN THE COMMENTS		
UC = URINE CUP		
Patient/Victim ID Label	UC (Amount)	Comments:
		<hr/> <hr/> <hr/>
		<hr/> <hr/> <hr/>
		<hr/> <hr/> <hr/>
		<hr/> <hr/> <hr/>
		<hr/> <hr/> <hr/>

Note: Please include 2 empty urine cups from each lot number collected for background contamination measurement.

Packed by(print):	Signature:
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