

NORTH CAROLINA STATE LAB OF PUBLIC HEALTH
 CHEMICAL TERRORISM BLOOD SPECIMEN COLLECTION
 AND SHIPPING MANIFEST

PLACE A \checkmark IN EACH BOX FOR SAMPLES SHIPPED-PLACE AN X IN EACH BOX FOR SAMPLES NOT SHIPPED

PLEASE INDICATE THE SIZE OF THE TUBE COLLECTED (5 OR 7 mL), AND THE DATE/TIME THAT THE SPECIMEN WAS COLLECTED IN THE COMMENTS

PT = PURPLE-TOP GT= GREEN/GRAY-TOP

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

Note: Please include 2 empty purple-top tubes and 2 empty green/gray-top tubes from each lot number collected for background contamination measurement.

Packed by(print):	Signature:
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