

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) 807-8571
(919) 602-2481 (24/7 Emergency phone)

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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 style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/>
		<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/>
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Note: Please include 2 empty urine cups from each lot number collected for background contamination measurement.

Packed by(print):	Signature:
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