

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

DATE SHIPPED: _____		
SHIPPED BY: _____		
CONTACT TELEPHONE: _____		
SIGNATURE: _____		
DATE RECEIVED _____		
RECEIVED BY: _____		
SIGNATURE: _____		
TOTAL NUMBER OF SPECIMENS IN THIS CONTAINER:	RED -TOP TUBES:	_____
	ORANGE-TOP TUBES:	_____
TOTAL NUMBER OF BLANK TUBES PROVIDED IN THIS CONTAINER:	RED-TOP TUBES:	_____
	ORANGE-TOP TUBES:	_____
COMMENTS: _____		
_____		
_____		
_____		
_____		
_____		
_____		

SHIPPING ADDRESS:        NCSLPH  
   Attention: Chemical Terrorism Unit  
   4312 District Dr.  
   RALEIGH, NC 27607  
   (919)807-8571  
   (919)602-2481(24/7 Emergency phone)

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 AND SHIPPING MANIFEST

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 (7 OR 10 mL), AND THE DATE/TIME THAT THE SPECIMEN WAS COLLECTED IN THE COMMENTS

SERUM SPECIMENS SHOULD BE STORED FROZEN AS SOON AS POSSIBLE POST COLLECTION AND THROUGHOUT THE SHIPMENT PROCESS

RT = RED-TOP OT= ORANGE-TOP

Patient/Victim ID Label	RT 1	RT 2	OT 1	OT 2	Comments:
					_____ _____
					_____ _____
					_____ _____
					_____ _____
					_____ _____

Note: Please include 2 empty red-top tubes and 2 empty orange-top tubes from each lot number collected for background measurement.

Vacutainer® type may be altered based on availability in an emergency response situation.

Packed by(print):	Signature:
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