



**Chemical Preparedness Specimen Collection
 And Blood Tube Shipping Manifest**
 PAGE OF

DATE SHIPPED: _____		
SHIPPED BY: _____		
CONTACT TELEPHONE: _____		
SIGNATURE: _____		
DATE RECEIVED: _____		
RECEIVED BY: _____		
SIGNATURE: _____		
TOTAL NUMBER OF SPECIMENS IN THIS CONTAINER:	PURPLE-TOP TUBES:	
	GREEN/GRAY-TOP TUBES:	
TOTAL NUMBER OF BLANK TUBES PROVIDED IN THIS CONTAINER:	PURPLE-TOP TUBES:	
	GREEN/GRAY-TOP TUBES:	
COMMENTS: _____		

SHIPPING ADDRESS: Delaware Public Health Laboratory
 Attn: Tara Lydick
 30 Sunnyside Road
 Smyrna, DE 19977
 (302) 223-1520

**COMPLETE SAMPLE LOG AND PATIENT'S SIGNS & SYMPTOMS
 (NEXT PAGE)**



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PLACE A IN EACH BOX FOR SAMPLES SHIPPED – PLACE A X IN EACH BOX FOR SAMPLES NOT SHIPPED
 PLEASE INDICATE THE SIZE TUBE COLLECTED (5 OR 7 mL) IN THE COMMENTS
 PT = PURPLE-TOP GT = GREEN/GRAY-TOP

Patient/Victim ID Label	PT 1	PT 2	PT 3	GT	Patient Signs & Symptoms (include rating 10 worst, 1 none) 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.