

**Centers for Disease Control and Prevention
Chemical Terrorism
Blood Specimen Collection & Shipping Manifest**

Date Shipped: _____

Shipped By: _____

Contact Telephone: _____

Signature: _____

Date Received: _____

Received By: _____

Signature: _____

Total Blood Tubes in the Shipping Container:	Purple-Top:	
	Green/Gray-Top:	
Total Blank Blood Tubes in the Shipping Container:	Purple-Top:	
	Green/Gray-Top:	

Comments:

Shipping Address: **Centers for Disease Control and Prevention
ATTN: LTJG Ernest McGahee
4770 Buford Hwy.
Building 110 Loading Dock
Atlanta, GA 30341
(770) 488-7579**

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If one or more of a patient's specimens is not shipped place an "X" in the appropriate box.

Indicate the size of the tube collected (3, 5, 7 or 10 mL) in the comments.

P = Purple Top; G = Green/Gray Top

Patient ID	P 1	P 2	P 3	G	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.