

CENTERS FOR DISEASE CONTROL AND PREVENTION
CHEMICAL TERRORISM BLOOD SPECIMEN COLLECTION
AND SHIPPING MANIFEST

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	PURPLE-TOP TUBES:	
	GREEN/GRAY-TOP TUBES:	

COMMENTS: _____

SHIPPING ADDRESS: CDC
ATTN: Jacob Wamsley
4770 Buford Hwy
Building 110 Loading Dock
Atlanta, GA 30341
(770) 488-7263

**CENTERS FOR DISEASE CONTROL AND PREVENTION
CHEMICAL TERRORISM BLOOD SPECIMEN COLLECTION AND SHIPPING**

1. PLACE A \sqrt IN EACH BOX FOR SAMPLES SHIPPED
2. PLACE A X IN EACH BOX FOR SAMPLES NOT SHIPPED
3. PLEASE INDICATE THE SIZE TUBE COLLECTED (3, 5, OR 7 mL) IN THE COMMENTS

PT = PURPLE TOP GT = GREEN/GRAY TOP

Patient/Victim ID Label	PT 1	PT 2	PT 3	PT 4	GT	Comments:

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