

CENTERS FOR DISEASE CONTROL AND PREVENTION
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:

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 URINE
SPECIMEN COLLECTION AND SHIPPING MANIFEST**

PLEASE INDICATE THE AMOUNT OF URINE COLLECTED IN THE UC COLUMN

UC = URINE CUP

Patient/Victim ID Label	UC (Amount)	Comments: (Ex. Urine only Pedi Pt or Low Volume)

Please include 2 empty urine cups tubes from each lot number collected for background contamination measurement.