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CENTERS FOR DISEASE CONTROL AND PREVENTION CHEMICAL TERRORISM 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 PROVIDED IN THIS CONTAINER:	PURPLE-TOP TUBES:	
	GREEN/GRAY-TOP TUBES:	
COMMENTS:_____ _____ _____ _____		

SHIPPING ADDRESS: CDC
ATTN: Charles Dodson
4770 Buford Hwy
Building 103 Loading Dock
Atlanta, GA 30341
(770) 488-4305

PAGE _____ OF_____

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

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	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.