

Massachusetts Department of Public Health
William A. Hinton State Laboratory Institute
Chemical Terrorism Response Laboratory
305 South Street, Jamaica Plain, MA 02130
Tel: 617-983-6650 Fax: 617-983-6662

CHEMICAL EXPOSURE CLINICAL SPECIMEN SHIPPING MANIFEST

DIRECTIONS: Please fill out this form completely and put in a zip-loc plastic bag. Place the bag on top of the secondary container. Please use one form per shipping container.

GENERAL INFORMATION:

Shipped By: _____
Address: _____

SHIPPING INFORMATION:

Time: _____ AM / PM (circle one)
Date: ____ / ____ / _____

CONTACT NAMES:

Primary: _____
Title: _____
Secondary: _____
Title: _____

CONTACT TELEPHONE NUMBERS:

Primary: _____ - _____
Fax: _____ - _____
Emergency _____ - _____

SPECIMEN INFORMATION:

- Total number of specimens _____
- Indicate which type of specimen is being shipped (only check one):

Blood (refrigerated) with refrigerator packs

Urine (frozen) with dry ice

Comments:

SHIP TO: Massachusetts Department of Public Health William A. Hinton State Laboratory Institute 305 South Street Jamaica Plain, MA 02130 Attn: Dr. Jennifer Jenner, CT Coordinator 617-983-6650 (lab) / 617-839-1283 (cell)

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Filling out Chemical Exposure Clinical Specimen Shipping Manifest

- One form should be used for each secondary container.
- The form should be put in a ziplock plastic bag and placed on top of the secondary container located inside the Styrofoam container.

General Information

- The name and address of the agency shipping the specimens, including contact

Shipping Information

- The time and date that the package was shipped

Contact Names

- The name and title of the submitter and an alternate, if applicable

Contact Telephone Numbers

- Provide telephone, fax, and/or emergency numbers that the submitter can be reached. If the package is breached during transit or the receivers have questions about the specimens, it is very important to be able to contact the submitter immediately.

Specimen Information

- Indicate the total number and type of specimens (urine or blood) in the secondary container.

Shipping Address

- Because it is very important to have the correct and complete address of the receiver; please use the complete **SHIP TO** address provided on the shipping manifest.
- Please remember to call the receiver **BEFORE** sending specimens, so they can know 1) when to expect the package and 2) who is delivering the package.
- If you have any questions, please call the telephone number provided above.