



**PUBLIC HEALTH LABORATORY**  
**BLOOD SPECIMEN COLLECTION AND**  
**SHIPPING MANIFEST**



12750 Erickson Avenue, Downey, CA 90242  
Tel: 562-658-1300 Fax: 562-401-5999

**Sender Information:**

Date Shipped: \_\_\_\_\_ Time: \_\_\_\_\_

Shipped By: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Comments:

**Receiver Information:**

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_

Received By: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Comments:

**Total Number of Blood 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:

LA Co Public Health Laboratory - Blood Specimen Collection and Shipping Manifest (cont.)

Sender Name: \_\_\_\_\_

Place a "Y" in each box for samples shipped. Place a "N" for samples not shipped.  
 PT = Purple-Top GT = Green/Gray-Top

Patient ID Label	PT 1	PT 2	PT 3	GT	Comments	
Patient ID Label	PT 1	PT 2	PT 3	GT	Comments	
Patient ID Label	PT 1	PT 2	PT 3	GT	Comments	
Patient ID Label	PT 1	PT 2	PT 3	GT	Comments	
Patient ID Label	PT 1	PT 2	PT 3	GT	Comments	
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