



**PUBLIC HEALTH LABORATORY**  
**URINE 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 Urine Specimens in this Container:**

Urine Cups: \_\_\_\_\_

**Total Number of Blank Urine Tubes Provided in this Container:**

Blank Urine Cup: \_\_\_\_\_

Comments:

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

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

Indicate the amount of urine collected in the column for each entry.

|                  |                |          |  |
|------------------|----------------|----------|--|
| Patient ID Label | Urine Cup (mL) | Comments |  |
|                  |                |          |  |
| Patient ID Label | Urine Cup (mL) | Comments |  |
|                  |                |          |  |
| Patient ID Label | Urine Cup (mL) | Comments |  |
|                  |                |          |  |
| Patient ID Label | Urine Cup (mL) | Comments |  |
|                  |                |          |  |
| Patient ID Label | Urine Cup (mL) | Comments |  |
|                  |                |          |  |
| Patient ID Label | Urine Cup (mL) | Comments |  |
|                  |                |          |  |
| Patient ID Label | Urine Cup (mL) | Comments |  |
|                  |                |          |  |
| Patient ID Label | Urine Cup (mL) | Comments |  |
|                  |                |          |  |