

RADIOLOGICAL/NUCLEAR INCIDENT URINE SPECIMEN COLLECTION AND SHIPPING MANIFEST

Note: Prepare a separate shipping manifest for each package. Place each shipping manifest (with specimen identification numbers) in a plastic zippered bag on top of the specimens before closing the lid of the polystyrene foam-insulated, corrugated fiberboard shipper.

Date Shipped: _____

Date Received: _____

Shipped By: _____

Received By: _____

Signature: _____

Contact Telephone: _____

Signature: _____

URINE

Total Number of Specimens in this Container: _____ Total Number of **Blank Urine Cups** this Container: _____

Please include two (2) empty, unopened urine cups from each lot number collected for background contamination measurement.

COMMENTS: _____

CONTINUE ON NEXT PAGE

SHIPPING ADDRESS: Centers for Disease Control and Prevention
Attention: Sample Logistics
4770 Buford Hwy., NE
Building 110, Loading Dock
Atlanta, GA 30341
Phone: 770-488-7227



**U.S. Department of
Health and Human Services**
Disease
Control and Prevention

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PLEASE INDICATE THE AMOUNT OF URINE COLLECTED IN THE URINE CUP (UC) COLUMN.

Patient/Sample ID Label	UC (mL)	Comments
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USE ADDITIONAL COPIES OF THIS PAGE IF NECESSARY

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