(GEN.40530)

South Texas Laboratory
1301 S. Rangerville Road
Harlingen, TX

SPECIMEN MANIFEST FOR CLINIC: __*Name of your clinic*_____

Use one manifest per (box) shipment

SHIPPING DATE	PATIENT NAME (Last name, First name)	# OF SPECIMEN TUBES (Per patient)	TEST NAME(S) (Per patient)	STL recipient verify and Initial (Internal use)
10/01/13	Mouse, Mickey	2	TB PROFILE, CBC	
EXAMPLES	Duck, Donald	1	COMP. PANEL	
	Oyl, Olive	2	COMP. PANEL, CBC	
	Brown, Charlie	1	CBC	

GEN.40530 ***For specimens submitted to the laboratory from remote sites, there is a documented tracking system to ensure that all specimens are actually received.***