

**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)  MUSTARD OR ALIQUOT FROM RED TOP	# OF SPECIMEN TUBES (Per patient)  PURPLE TOP	TEST NAME(S) (Per patient)	STL RECIPIENT VERIFY AND INITIAL (Internal use)
5/01/17	Mouse, Mickey	1	1	TB PROFILE; CBC	
<b><u>EXAMPLES</u></b>	Duck, Donald	1	0	COMP. PANEL	
	Oyl, Olive	1	1	COMP. PANEL; CBC	
	Brown, Charlie	0	1	CBC	