



Jennifer A. Shuford, M.D., M.P.H. Commissioner

SOUTH TEXAS LABORATORY SPECIMEN MANIFEST FORM UPDATE

In order to comply with our CAP accreditation standards-please use the following updated manifest sheet to track the specimens your clinic sends to South Texas Laboratory.

In addition, there is a line added for binational programs. Please add the clinic's city in Mexico to this manifest. <u>This is required in comply with our specimen import permit</u>. Specimens will not be processed without the manifest with clinic's city in Mexico. Please notify binational staff of this change. There is an updated manifest and updated manifest example following this memo. If the program creates its own manifest, please add the clinic's city to it.

- Use one sheet per shipment
- Please fill out the date, the patient's name, the number of mustard top (or red top aliquots) blood collection tubes and the number of purple top blood collection tubes you are sending for each patient and the tests ordered for each patient. The last column will be initialed by our staff when the contents of the container match the manifest.
- This manifest does not replace the requisition.

If you have any questions, feel free to contact me.

Thank you,

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SOUTH TEXAS LABORATORY 1301 S. RANGERVILLE ROAD HARLINGEN, TX SPECIMEN MANIFEST FOR CLINIC: BINATIONAL PROGRAM CITY OF ORIGIN: USE ONE MANIFEST PER (BOX) SHIPMENT PATIENT NAME #OF #OF TEST NAME(S) SHIPPING STL DATE (Last name, First name) SPECIMEN **SPECIMEN** (Per patient) RECIPIENT BLOOD BLOOD **VERIFY AND** TUBES TUBES INITIAL (Per patient) (Per patient) (STLI use) **MUSTARD OR** PURPLE TOP ALIQUOT FROM **RED TOP**

SOUTH TEXAS LABORATORY 1301 S. RANGERVILLE ROAD HARLINGEN, TX SPECIMEN MANIFEST FOR CLINIC:Your Clinic BINATIONAL PROGRAM CITY OF ORIGIN: _City in Mexico USE ONE MANIFEST PER (BOX) SHIPMENT					
SHIPPING DATE	PATIENT NAME (Last name, First name)	# OF SPECIMEN BLOOD TUBES (Per patient) MUSTARD OR ALIQUOT FROM RED TOP	# OF SPECIMEN BLOOD TUBES (Per patient) PURPLE TOP	TEST NAME(S) (Per patient)	STL RECIPIENT VERIFY AND INITIAL (STLI use)
6/05/2025	Mouse, Mickey	1	1	TB PROFILE; CBC	
EXAMPLES	Duck, Donald	1	0	COMP. PANEL	
	Oyl, Olive	1	1	COMP. PANEL; CBC	
	Brown, Charlie	0	1	СВС	