## SOUTH TEXAS LABORATORY 1301 S. RANGERVILLE ROAD HARLINGEN, TX

SPECIMEN MANIFEST FOR CLINIC:					
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)