

**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	
<b><u>EXAMPLES</u></b>	Duck, Donald	1	0	COMP. PANEL	
	Oyl, Olive	1	1	COMP. PANEL; CBC	
	Brown, Charlie	0	1	CBC	