

Massachusetts Department of Public Health  
William A. Hinton State Laboratory Institute  
Chemical Terrorism Response Laboratory  
305 South Street, Jamaica Plain, MA 02130  
Tel: 617-983-6650 Fax: 617-983-6662

## CHEMICAL EXPOSURE CLINICAL SPECIMEN SHIPPING MANIFEST

**DIRECTIONS:** Please fill out this form completely and put in a zip-loc plastic bag. Place the bag on top of the secondary container. Please use one form per shipping container.

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**GENERAL INFORMATION:**

Shipped By: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SHIPPING INFORMATION:**

Time: \_\_\_\_\_ AM / PM (circle one)  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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**CONTACT NAMES:**

Primary: \_\_\_\_\_  
Title: \_\_\_\_\_  
Secondary: \_\_\_\_\_  
Title: \_\_\_\_\_

**CONTACT TELEPHONE NUMBERS:**

Primary: \_\_\_\_\_ - \_\_\_\_\_  
Fax: \_\_\_\_\_ - \_\_\_\_\_  
Emergency \_\_\_\_\_ - \_\_\_\_\_

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**SPECIMEN INFORMATION:**

- Total number of specimens \_\_\_\_\_
- Indicate which type of specimen is being shipped (only check one):

Blood (refrigerated) with refrigerator packs

Urine (frozen) with dry ice

**Comments:**  
\_\_\_\_\_  
\_\_\_\_\_

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<b>SHIP TO:</b> Massachusetts Department of Public Health William A. Hinton State Laboratory Institute 305 South Street Jamaica Plain, MA 02130 Attn: Dr. Jennifer Jenner, CT Coordinator 617-983-6650 (lab) / 617-839-1283 (cell)
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## **Filling out Chemical Exposure Clinical Specimen Shipping Manifest**

- One form should be used for each secondary container.
- The form should be put in a ziplock plastic bag and placed on top of the secondary container located inside the Styrofoam container.

### **General Information**

- The name and address of the agency shipping the specimens, including contact

### **Shipping Information**

- The time and date that the package was shipped

### **Contact Names**

- The name and title of the submitter and an alternate, if applicable

### **Contact Telephone Numbers**

- Provide telephone, fax, and/or emergency numbers that the submitter can be reached. If the package is breached during transit or the receivers have questions about the specimens, it is very important to be able to contact the submitter immediately.

### **Specimen Information**

- Indicate the total number and type of specimens (urine or blood) in the secondary container.

### **Shipping Address**

- Because it is very important to have the correct and complete address of the receiver; please use the complete **SHIP TO** address provided on the shipping manifest.
- Please remember to call the receiver **BEFORE** sending specimens, so they can know 1) when to expect the package and 2) who is delivering the package.
- If you have any questions, please call the telephone number provided above.