Hawaii State Department of Health
State Laboratories Division
Chemical Terrorism Response Laboratory
2725 Waimano Home Road
Pearl City, Hawaii 96782
Phone: (808) 453-6748 Fax: (808) 453-6662

Blood Specimen Collection & Shipping Manifest Instructions

- Include only one shipping manifest per shipping container.
- Number each page.
- Make a copy for your own records if necessary.
- Instructions for individual fields:

1. Date Shipped: Current date.
2. Shipped By/Contact Telephone/Signature: Name, telephone number, and signature of person responsible for the shipment.
3. Date Received/Received By/Signature: To be completed by recipient of sample(s).
4. Total Blood Tubes in the Shipping Container: Indicate the total number of purple-top and green/gray-top blood tubes in the shipping container.
5. Total Blank Blood Tubes in the Shipping Container: Indicate the total number of blank purple-top and green/gray-top tubes in the shipping container.
6. First Page Comments: Include any additional information.
7. Patient ID: Indicate patient and blood tube identifiers for blood tubes included in shipping container. Identifiers may be shown as a range of IDs.
8. P 1/P 2/P 3/G: If one or more of a patient's specimens is not shipped place an "X" in the appropriate box.
9. Additional Page Comments: Indicate the size of the blood tube(s) included in the shipping container. Include any additional information.