



PUBLIC HEALTH LABORATORY

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Urine Specimen Collection and Shipping Manifest

Sender Information:

Date Shipped: _____ Time: _____

Shipped By: _____

Contact Telephone: _____ Fax Number: _____

Signature: _____

Comments: _____

Receiver Information:

Date Received: _____ Time: _____

Received By: _____

Contact Telephone: _____ Fax Number: _____

Signature: _____

Comments: _____

Total Number of Urine Specimens in this Container: Urine Cups _____

Total Number of Blank Urine Tubes Provided in this Container: Blank Urine Cup include 2

Comments: _____

LA Co Public Health Laboratory – Blood Specimen Collection and Shipping Manifest (cont.)

Sender Name: _____

PAGE ____ of ____

Indicate the amount of urine collected in the column for each entry.

Patient ID Label	Urine Cup (mL)	Comments	