



Oregon State Public Health Laboratory Specimen Transport Manifest



Date: _____

Facility name: _____

Contact person: _____

Phone number: _____

Select order method:

Electronic & Remote Data Entry Paper Test Request

OSPHL ONLY

Number of ice packs and/or cooler condition

Frozen/cold: _____

Melted/ambient: _____

No ice pack: enter test type/s and number of each below

OSPHL ONLY

Courier company name _____

Facility Barcode Number or affix Courier Barcode

Patient Specific Identifier	Patient Specific Identifier	Patient Specific Identifier	Patient Specific Identifier

Page: _____ of _____ Comments: _____