



Oregon State Public Health Laboratory Specimen Transport Manifest



Select order method:

Date: _____

Electronic & Remote Data Entry Paper Test Request

Facility name: _____

Contact person: _____

Phone number: _____

OSPHL ONLY

Number of ice packs and/or cooler condition

Frozen/cold: _____

Melted/ambient: _____

No ice pack: (check if applicable): _____

OSPHL ONLY

Courier company name and delivery time

Facility Barcode Number or affix Courier Barcode

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

OSPHL ONLY OSPHL 1057 (rev. 05/25) Page: _____ of _____

Specimen Received Notes: _____

Transport/ Temperature Notes: _____
