



# Oregon State Public Health Laboratory Specimen Transport Manifest



Date: \_\_\_\_\_

Facility name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Select order method:  
Electronic  Paper

**OSPHL ONLY**

**Number of ice packs  
and/or cooler condition**

Frozen/cold: \_\_\_\_\_

Melted/ambient: \_\_\_\_\_

No ice pack = enter test type:  
\_\_\_\_\_

**OSPHL ONLY**

**Courier Barcode**

and

**Cooler Tracking Number**

# \_\_\_\_\_ - \_\_\_\_\_

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

Page: \_\_\_\_\_ of \_\_\_\_\_

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