

Emergency Preparedness 100 Branch Procedures Specimen Collection and Shipment

Copy of version 4.0 (approved and current)

Effective starting 7/9/2013

Author

Andrea Cole

Last reviewed by lab director or designee on 7/9/2013

Next periodic review needed on or before 7/9/2014

Description

Previously identified as EP-3001 and EPG 1.

Controlled Copy ID 7787 (QA Office)

Lab Director Approvals and Lab Director / Designee Periodic Review

This document was uploaded to the MediaLab Document Control system as an **existing document**. Approvals and periodic reviews for this document that occurred before this document was added to the MediaLab Document Control system may not be listed below.

Prior History

Document Revision History for SOP Specimen Collection, Packaging, and Shipment of Suspect Agents for Biological or Chemical Threat Testing from Sentinel Laboratories to LRN Laboratories, Revision 3, For Official Use Only, Sensitive but Unclassified

Document Revision History for SOP: EPG 1: Specimen Collection, Packaging, and Shipment of Suspect Agents for Biological or Chemical Threat Testing from Sentinel Laboratories to LRN Laboratories, Revision 3, For Official Use Only, Sensitive but Unclassified

v3.0

Peer Review Requested on 20-Aug-2012 15:48 by Sheri Larson

Peer Review tasks were assigned to the following users: Rahsaan Drumgoole

Tasks were also assigned to the following lists: CT-Chemical Threat (William Edgemond, Sheri Larson).

This review is to be completed by 10-Aug-2013

Document Reviewed on 20-Aug-2012 15:47 by Sheri Larson

Review date set to 10-Aug-2013 - Lab Director approved this document on 8/10/2011. Last review was completed on 8/20/12. Next review scheduled for 8/10/2013.. The following users will be notified when a review is due for this document:

Rahsaan Drumgoole, William Edgemond, Sheri Larson.

This document was originally due for review on 10-Aug-2012.

Review Task Completed on 20-Aug-2012 15:45 by Sheri Larson

Sheri Larson completed task, ""

Review Task Completed on 20-Aug-2012 08:36 by Rahsaan Drumgoole

Rahsaan Drumgoole completed task, ""

Peer Review Requested on 14-Aug-2012 08:33 by Sheri Larson

Peer Review tasks were assigned to the following users: Sheri Larson.

This review is to be completed by 14-Aug-2012

Review Task Completed on 01-Aug-2012 17:34 by William Edgemond

William Edgemond completed task, ""

Peer Review Requested on 11-Jun-2012 16:00 by Richard Po

Peer Review tasks were assigned to the following lists: BT-BioThreat (Rahsaan Drumgoole, Richard Po),

CT-Chemical Threat (William Edgemond, Richard Po, David Klein).

This review is to be completed by 10-Aug-2012

Date	Version	Action	Electronic Signature	Notes
7/9/2013	4.0	Approval by lab director	Grace Kubin	
6/28/2013	3.0	Periodic review	Rahsaan Drumgoole	
8/10/2012	3.0	Periodic review	Grace Kubin	Recorded when document uploaded to MediaLab
8/10/2011	3.0	Approval by lab director	Grace Kubin	Recorded when document uploaded to MediaLab

Other Approvals and Reviews

Date	Version	Type	Approval Step Name	Performed By
7/8/2013	4.0	Approval	Unit Manager Review	Susan Tanksley
7/1/2013	4.0	Approval	QA Officer Review	 Sheri Larson
6/28/2013	4.0	Approval	Branch Manager Review	Rahsaan Drumgoole

Revision History

Version	Status	Type	Date Added	Date Effective	Date Retired
4.0	Approved and Current	Major revision	6/27/2013	7/9/2013	Indefinite

3.0	Retired	First version in Document Control	6/26/2013	8/10/2011	7/9/2013
-----	---------	-----------------------------------	-----------	-----------	----------

Specimen Collection, Packaging, and Shipment of Suspect Agents for Biological or Chemical Threat Testing from Sentinel Laboratories to Laboratory Response Network (LRN) Laboratories

Standard Operating Procedure
Emergency Preparedness Branch
EP 3001 Revision 4

1) PURPOSE

The LRN sentinel laboratory responsibilities include collection, packaging, and shipment of clinical specimens suspected of containing biological threat (biothreat) agents to a Texas LRN reference laboratory for confirmatory testing. The LRN Level 3 laboratory responsibilities include collection, packaging, and shipment of blood and urine specimens to the Texas LRN Chemical Threat Laboratory in Austin. In order to better assist the sentinel and Level 3 laboratories in correctly performing these tasks, this procedure has been compiled for their use. This document does not substitute for training in collection, packaging and shipment of specimens.

2) DEFINITIONS

- A. LRN: Laboratory Response Network
- B. LRN Level 3 laboratory: A laboratory that has the capabilities of performing phlebotomy procedures. These laboratories would be used in a chemical terrorism event for collecting blood and urine specimens on clients that had been exposed or possibly exposed to the chemical threat agent.
- C. LRN sentinel laboratory: Sentinel laboratories are private, commercial, or public health laboratories that have microbiological capabilities and play a key role in the early detection of biothreat agents. Sentinel laboratories provide routine diagnostic services, rule-out, and referral steps in the identification process of possible biothreat agents.
- D. LRN reference laboratory: A laboratory that has been accepted into the Laboratory Response Network and is capable of performing standardized confirmatory tests for biothreat agents. In Texas there are ten LRN laboratories, geographically dispersed, serving an assigned number of counties.
- E. Dangerous goods: articles or substances capable of posing a risk to health, safety, property or the environment; IATA (International Air Transport Association) and DOT (Department of Transportation) have defined nine classes of dangerous goods to be used when items are transported by air:
 - 1) Class 1: explosives

- 2) Class 2: gasses
- 3) Class 3: flammable liquids
- 4) Class 4: flammable solids
- 5) Class 5: oxidizing substances
- 6) Class 6: toxic/infectious substances
 - a. Division 6.1 – toxic substances
 - b. Division 6.2 – infectious substances and diagnostic specimens
- 7) Class 7: radioactive substances
- 8) Class 8: corrosive substances
- 9) Class 9: miscellaneous substances (includes dry ice and genetically modified organisms)

F. Diagnostic specimen: human or animal material (e.g., tissue, tissue fluid, serum, urine, secretions, excreta, body fluids, blood, and blood components) being shipped for diagnostic or investigational purposes but excluding live, infected animals.

G. Division 6.2 infectious substance: a material known to contain or reasonably expected to contain a pathogen, including, but not limited to, the following:

- 1) Pathogens and cultures of pathogens
- 2) Diagnostic specimens suspected to contain a pathogen
- 3) Diagnostic specimens from patients with serious disease of unknown etiology

H. Categories of Infectious Substances

- 1) **Category A** - An infectious substance in a form capable of causing permanent disability, life-threatening or fatal disease in otherwise healthy humans or animals. These specimens will be assigned the UN 2814 (or UN 2900) designation and packaged in accordance.
- 2) **Category B** – An infectious substance that is not in a form generally capable of causing permanent disability or life-threatening or fatal disease in otherwise healthy humans or animals when exposure to it occurs. These substances must be described as “Biological substance, Category B”, assigned identification number UN 3373 and packaged in accordance.

3) SPECIMEN/SAMPLE HANDLING AND STORAGE

I. BIOLOGICAL THREATS

1) Specimen Types

- a. **Environmental samples** must be coordinated with the FBI or law enforcement. HAZMAT is trained in sample collection, labeling and transport as well as coordination of activities with law enforcement. Contact your local LRN to assist with notification of the appropriate authorities. See Appendix A (<http://www.dshs.state.tx.us/lab/eprLRN.shtm>).
- b. **Clinical samples**
 - i. Sentinel laboratories are expected to follow LRN rule-out protocols. Any isolates that cannot be ruled-out as possibly being a biothreat agent should be submitted to an LRN laboratory for further testing. The isolates should be inoculated to an agar slant or placed into a transport medium in accordance with package insert instructions.
 - ii. Sentinel laboratories not capable of completing rule-out protocols should submit clinical specimens for testing. Guidelines for specimen submission and collection can be found in the **Manual of Reference Services** located at http://www.dshs.state.tx.us/lab/mrs_specimens.shtm#Sub
 - iii. All biothreat specimens must be triple contained in an approved shipping container and have biohazard labels (see Appendix C). Specimens must be submitted to the LRN designated for the area (<http://www.dshs.state.tx.us/lab/eprLRN.shtm>) and accompanied by a laboratory specific Specimen Submission Form.

J. CHEMICAL THREATS

- 1) Please contact the Chemical Threat Lab personnel or CDC before proceeding. The types and amount of samples can change once the chemical agent has been identified. Specimen Types (collect the following from each potentially exposed adult person):
 - a. **Whole blood**
 - i. **Adult Patients:** Three 4 ml or larger purple-top (EDTA) tubes, vacuum-fill only. Please number the tubes in order of collection using permanent ink, for example, the first tube drawn will be labeled “1”, second tube “2”, etc. One 3 ml or larger green-top tube (Heparin), vacuum-fill only. If green-top tube is not

available, a 3 ml gray-top tube (Heparin) may be substituted.

- ii. **Pediatric Patients:** Collect urine only unless otherwise directed.

b. **Urine**

Adult or Pediatric Patients: Collect at least 25 ml in a screw-capped plastic container (urine cup). Please do not overfill. FREEZE IMMEDIATELY (-70°C, dry ice, or -50°C gelpacks preferred)

c. **Controls**

In addition, for **each lot number** of tubes and urine cups used for collection, please provide two empty unopened purple-top tubes, two empty unopened green-top (or gray-top) tubes, and two empty unopened urine cups to serve as blanks for measuring background contamination.

2) Labeling of Chemical Threat specimens: (See Appendix B)

- a. Label specimens with labels generated by your facility. These labels should include the following information:
 - i. Medical records number
 - ii. Specimen identification number
 - iii. Collector's initials
 - iv. Date and time of collection

Follow your facility's procedures for proper specimen labeling. The collector's initials and date and time of collection will allow law enforcement officials to trace the specimen back to the collector should the case go to court and the collector is needed to testify that they collected the specimen.

- b. Place a single, unbroken strip of waterproof, tamper-evident forensic evidence tape over each specimen top, being careful not to cover the specimen ID labels. This tape must make contact with the specimen container at two points. The individual placing the evidence tape must identify himself by writing his initials half on the container and half on the evidence tape using a permanent marker.
- c. Use the Urine or Blood Collection and Shipping Manifest (Appendix H) to maintain a list of names with corresponding specimen identification numbers at the collection site to enable results to be reported to the patients.
- d. All chemical threat specimens must be triple contained in an approved shipping container and packaged according to Category B infectious substances guidelines. Unless otherwise specified by CDC, these specimens must be submitted to the Chemical Threat Laboratory, Texas Department of State Health Services (TDSHS) Laboratory, 1100 West 49th Street, Austin, TX 78756 and accompanied by a Specimen Submission Form (G-27A). The G-27A form and instructions are in

Appendix F.

K. FOODS

- 1) **No food samples will be accepted from individuals.** A sanitarian or health authority must collect food samples. A chain of custody form must accompany food samples suspected of being involved in a terrorist event. Food items should be refrigerated and maintained at 0°C to 4.0°C prior to arrival at the laboratory. Do not freeze refrigerated foods. If possible, submit samples to the laboratory in the original unopened containers. Dry or canned foods that are not perishable should be collected and shipped at ambient temperature. Frozen foods should be shipped frozen. Collect at least 100 grams of each sample unit. (Four quarters and one penny weigh approximately 25 grams.)
- 2) Shellfish samples should be shucked and packed in crushed ice immediately and transported to the laboratory maintaining an ambient temperature of 0°C to 10°C. **Do not freeze. Samples must be shipped overnight.**
- 3) Food samples not considered to pose a serious infection risk may be exempt from dangerous goods requirements and regulations.

L. RADIOLOGICAL SAMPLES

If a patient or sample is suspected of being radioactively contaminated, laboratory personnel should contact the facility's Radiation Safety Officer or the DSHS Radiation Control Program at 512-458-7460.

M. WATER SAMPLES

- 1) Drinking Water
 - a. Routine testing for drinking water samples includes testing for coliforms and *E. coli*. Drinking water samples do not require refrigeration but it is recommended. Samples (at least 100 ml) must be collected in EPA-approved containers (available at TDSHS), which contain sodium thiosulfate (a dechlorinating agent). Testing must begin within 30 hours of collection.
 - b. If requesting water testing for possible biological chemical threat agents, contact the LRN in your area for assistance with collection and shipping.
 - c. Water samples not considered to pose a serious infection risk may be exempt from dangerous goods requirements and regulation.

N. MILK

All milk and dairy products must be collected and shipped by a sanitarian. Test requests

are coordinated by the sanitarian.

4) MATERIALS AND FORMS

O. Packaging Materials

As mentioned earlier, category A and B infectious substances must be packaged under “triple pack” conditions. The three following packaging descriptions detail components of the “triple pack” system. See Appendix C for diagrams.

1) Primary Packaging

- a. Primary receptacle(s) must be water tight, e.g., screw cap sealed with Parafilm, adhesive tape, or similar positive means, to prevent the cap from loosening.
- b. Multiple primary receptacles must be wrapped individually to prevent breakage. The volumes of the multiple specimens will be added to find the total volume of the package and determine whether it is within the maximum allowable limits below.
- c. The total package volume **must not** be more than: 1.0 L or 1 kg (air transport) for diagnostic specimens; and not more than 50 ml or 50 g (passenger aircraft), 4 kg or 4 L (cargo aircraft), and 400 kg or 450 L (ground transport) for infectious substances.

2) Secondary Packaging

- a. Use enough absorbent material in the secondary container to absorb the entire contents of all primary receptacles in case of leakage or damage.
- b. Secondary packaging must be watertight. Follow the packaging manufacturer or other authorized party’s packing instructions included with the secondary packaging.
- c. Secondary packaging for infectious substances should be a rigid screw-top container; secondary packaging for Category B specimens may be a sealed plastic bag.
- d. Secondary packaging shall be capable of withstanding, without leakage, an internal pressure of 95 kPa (0.95 bars).

3) Outer Packaging

- a. The outer package may be made of cardboard or paper fibreboard and must meet the IATA packaging requirements including the 1.2 meter (for diagnostic specimens)/9 meter (for infectious specimens) drop test procedure.
- b. Either dry ice or wet ice must be placed outside the secondary packaging for samples

that must be transported cold or frozen.

- c. **Dry ice:** packaging must permit the release of carbon dioxide gas and not allow a build-up of pressure that could rupture the packaging. The packaging must also meet general requirements for packages under IATA and DOT regulations.
- d. **Wet ice:** packaging must be leak-proof. Ice packs are preferred for diagnostic specimens and infectious substances.
- e. The outer packaging must be no less than 100 mm (4 inches) in the smallest overall external dimension and must be large enough for shipping documents.

P. Documentation and Labeling

1) DSHS Form G-27A

An itemized list of contents (use Urine or Blood Collection and Shipping Manifest for Chemical Threat samples; see (Appendix H) for instructions for completing this form) must be enclosed between the secondary packaging and the outer packaging. Place the document in a sealed plastic bag to protect from moisture.

- a. Regional Texas LRN Laboratories will require submitters to use different forms for sample submission. Contact your LRN lab for forms and instructions.

2) Required Labeling



4G/CLASS 6.2/10
USA/6-20 SHIPPCO

- a. The outer packaging will have the required UN specification markings. A circle containing a “U” over an “N” indicates United Nations specifications have been met. The additional text indicates: the type of package, class of goods the package may carry, last two digits of year of manufacture, authorizing country, and the manufacturer, respectively.
- b. **For Category B specimens**, each package and the air waybill must be marked with the following exact wording**:

UN 3373
BIOLOGICAL SUBSTANCE, CATEGORY B

A Shipper's Declaration for Dangerous Goods is **NOT** required for Category B specimens. If Category B specimens are packed in dry ice, the dry ice can be entered onto the waybill. A separate Shippers Declaration for only the dry ice is not necessary.

****As of January 1, 2007, we will no longer accept samples with the shipping name list as "DIAGNOSTIC SPECIMENS" or "CLINICAL SPECIMENS".**

- c. **For Category A infectious substances**, each package must be marked with the UN ID number and proper shipping name. A technical name should not be marked on the outer package of a Division 6.2 material. For example, a package containing *Yersinia pestis*:

Infectious Substance, affecting humans UN2814
--

A Shipper's Declaration for Dangerous Goods is also required for Category A infectious substances when transported via air. In addition to the UN ID number and proper shipping name, a technical name (*Genus* spp.) must also be included on the form. The species name should not be included. If the agent is unknown, then "Suspected category A infectious substance" should be used as the technical name.

See Appendix C for packaging diagrams of diagnostic specimens and infectious substances. Appendix E contains checklists for packaging diagrams of diagnostic specimens and infectious substances.

- d. **Additional Packaging Labels**

Address label – must have name of person, complete facility name, shipping address and telephone number of both shipper and consignee (no toll-free numbers). The shipper's phone number must be a 24/7 number answered by a person. This information must be on the inner and outer containers.

<i>Shipper's Name</i> <i>Shipper's Organization</i> <i>Shipper's Address</i> <i>Shipper's Telephone Number</i>
<i>Consignee's Organization</i> <i>Consignee's Address</i> <i>Consignee's Telephone Number</i>

- e. **Responsible person label** – (for Category B specimens shipped via air or Category A infectious substances only) the name and telephone number of the person responsible for the shipment. This person could be the shipper, consignee, or

other trained and certified person. This person must be knowledgeable of the package contents and be able to provide emergency information in case the package is damaged. The telephone number must be answered 24 hours a day, otherwise a large fine may be assessed.

Person Responsible for Shipment

(Name of person)

(24/7 telephone number)

- f. **Cargo Aircraft Only label** – use this label if an infectious substance package contains more than 50 ml or 50 g but less than 4 L or 4 kg and must be transported by a cargo plane.

See Appendix C for a table listing the proper labels to use for diagnostic specimen and infectious substance packaging. In addition, this appendix shows an example of overpack (one or more complete triple packs in the same box).

3) Receipt of Property/Chain of Custody

- a. All environmental samples that are collected for biological testing in response to a real or perceived threat must be coordinated through law enforcement. The FBI must be notified and will coordinate the activities involved with the testing of the specimens. The Federal Bureau of Investigation is the lead federal agency tasked with directing the interagency response to acts of terrorism. Any and all information pertaining to the analysis of potential evidence samples is not to be released to the public and should only be conveyed to the appropriate law enforcement officials. A receipt of property/chain of custody form G-27 (Appendix G) must be completed.
- b. If a clinical specimen or isolate is known or suspected to be associated with a biological or chemical attack, or if suspicious circumstances are involved regarding the patient from whom the sample was collected, all persons who have contact with the specimen must document their involvement with that specimen. This documentation is maintained on a chain of custody form G-27 and the sentinel/level 3 laboratories would retain the original and submit a copy of the chain of custody with the specimen.
- c. Specimens that are considered to be involved in a legal investigation or could result in legal investigation should be secured with evidence tape. All specimens submitted for chemical threat analysis must be secured with evidence tape (Appendix B).
- d. In response to a real or perceived threat, the sentinel laboratory should preserve the original specimens, plates, cultures, and subcultures pursuant to a potential criminal investigation and notify an LRN laboratory. The LRN laboratory will coordinate with the FBI or law enforcement and secure the transport of the specimens to the

LRN laboratory. The sentinel/level 3 laboratories will need to complete a receipt of property/chain of custody form G-27.

- e. Sentinel/Level 3 laboratories are responsible for maintaining their own chain of custody documentation. In the event that a carrier/courier is used for transfer of the samples, the name of the carrier/courier and the shipping/reference number should be recorded on this documentation.
- f. If your facility is instructed to ship samples directly to CDC in response to a chemical terrorism event, contact your local LRN reference laboratory listed at <http://www.dshs.state.tx.us/lab/eprLRN.shtm> to receive the required shipping manifest documentation and other instructions.

5) SHIPPING OPTIONS

Q. The DSHS laboratory and Texas LRNs will provide packaging and shipping protocols and training as well as proper shipping containers to sentinel/Level 3 laboratories (see Appendix E for training requirements). Each sentinel laboratory is responsible for the development of a plan for the submission of samples outside of routine work hours. Cost and method of shipping will depend on location, distance, and time of day the specimen/sample will have to travel. Several options are available to the submitter:

- 1) FedEx Custom Critical has three services that can handle any shipment: CharterAir Dedicated, Blended Services and Point-to-Point Air-Freight offer different plans. The white gloves section at 1-800-255-2421 has dedicated charter shippers that can transport by air or ground as fast as needed. See www.customcritical/fedex.com for details.
- 2) Courier services that are available for the regional area must be capable of delivering dangerous, diagnostic or infectious goods. It is important to remember that it is the responsibility of the shipper to ensure that the courier is approved for the type of shipment that is being transported.
- 3) Laboratories not able to find an appropriate shipping service may contact their local or regional health departments or regional LRN laboratories for assistance.

APPENDICES

Appendix A

Texas LRN Contact Information <http://www.dshs.state.tx.us/lab/eprLRN.shtm>



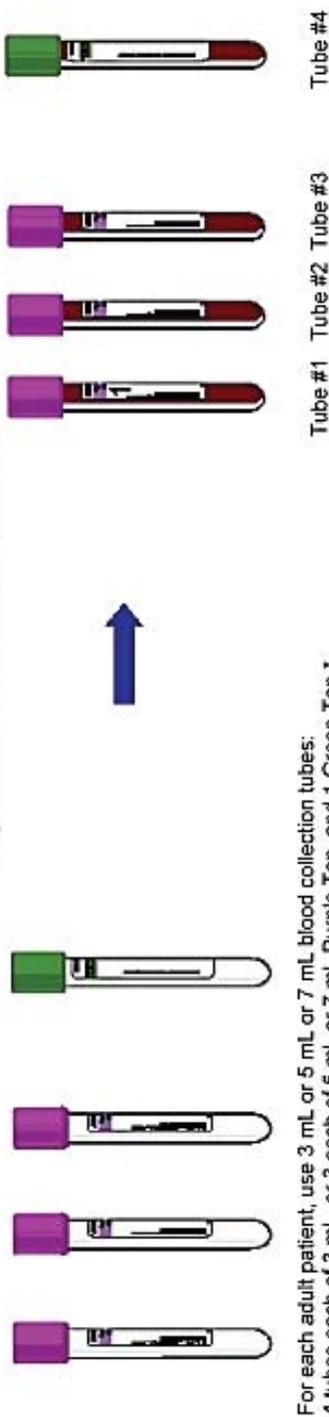
Biological Threat Response • 24/7 Emergency Phone: (512) 689-5537
Chemical Threat Response • 24/7 Emergency Phone: (512) 689-9945

LRN/Full Service Local Health Departments and Districts for Texas Counties

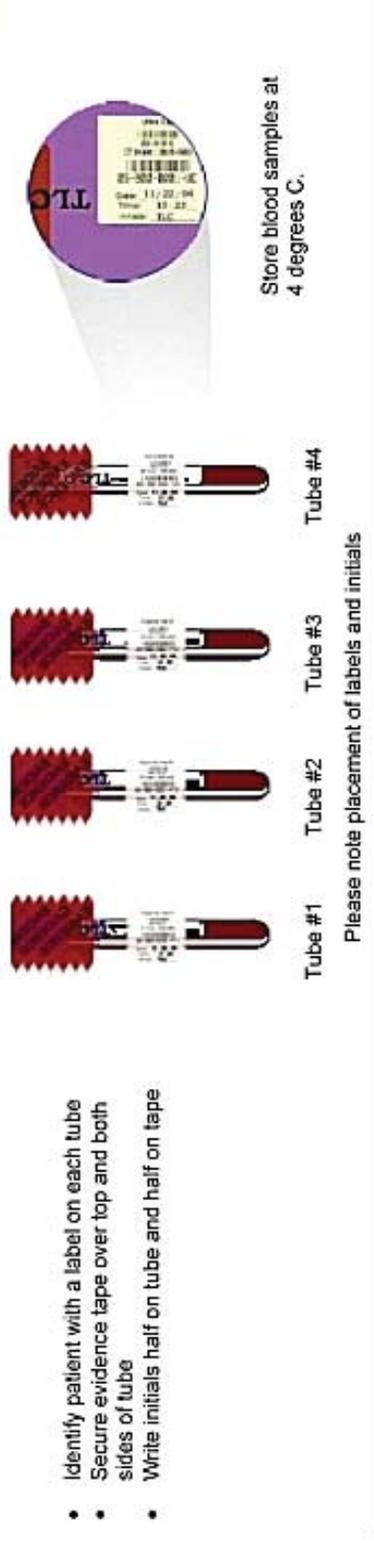
<http://www.dshs.state.tx.us/lab/eprLRNcontact.shtm>

Appendix B

Chemical Terrorism Event Specimen Collection

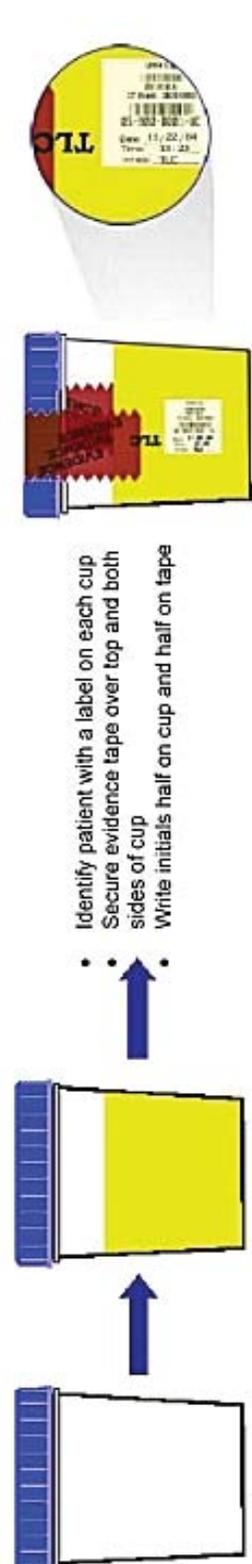


For each adult patient, use 3 mL or 5 mL or 7 mL blood collection tubes:
 4 tubes each of 3 mL, or 3 each of 5 mL or 7 mL Purple Top, and 1 Green Top.*
 No blood on pediatric patients (urine only).
 * Gray Top heparin may also be used.



- Identify patient with a label on each tube
- Secure evidence tape over top and both sides of tube
- Write initials half on tube and half on tape

Store blood samples at 4 degrees C.



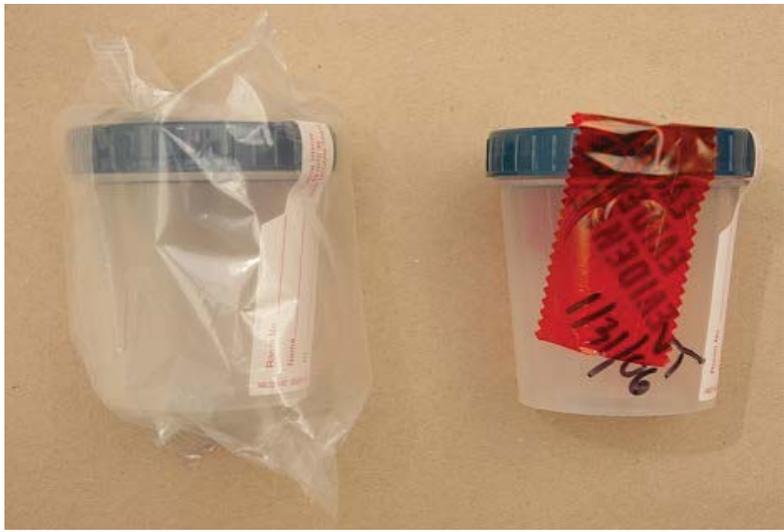
- Identify patient with a label on each cup
- Secure evidence tape over top and both sides of cup
- Write initials half on cup and half on tape

For adults and pediatrics, collect at least 25 mL of urine in a screw cap urine cup.

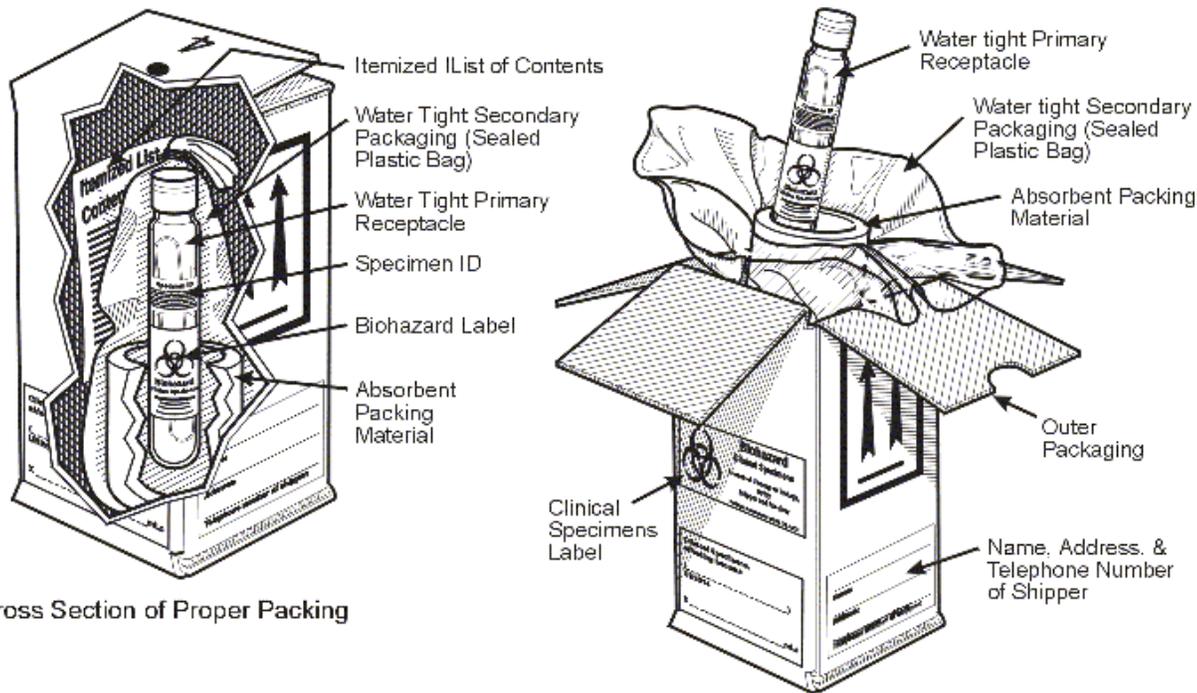
Please note placement of labels and initials

Store urine samples at -70 degrees C.

Chemical Threat Specimen Packaging



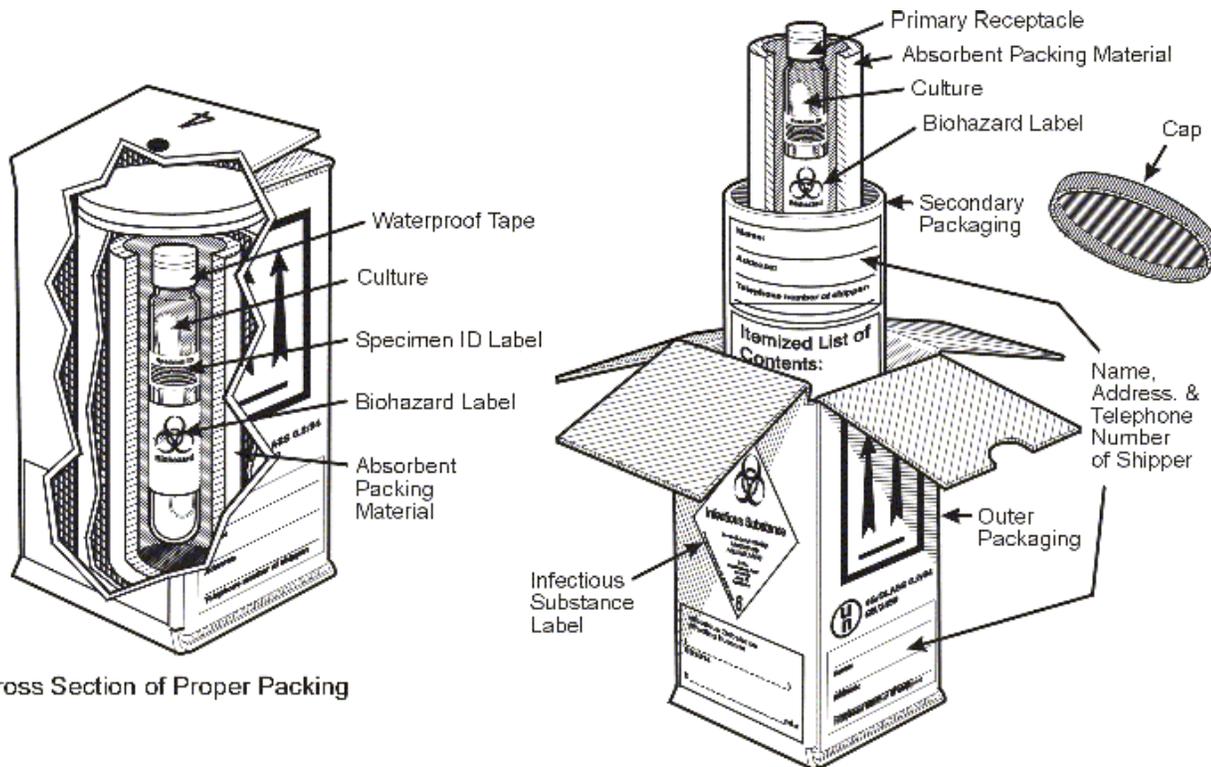
Appendix C



Cross Section of Proper Packing

Diagram of a triple packed parcel containing a diagnostic specimen.

Diagram of triple packed parcel containing for an infectious substance.

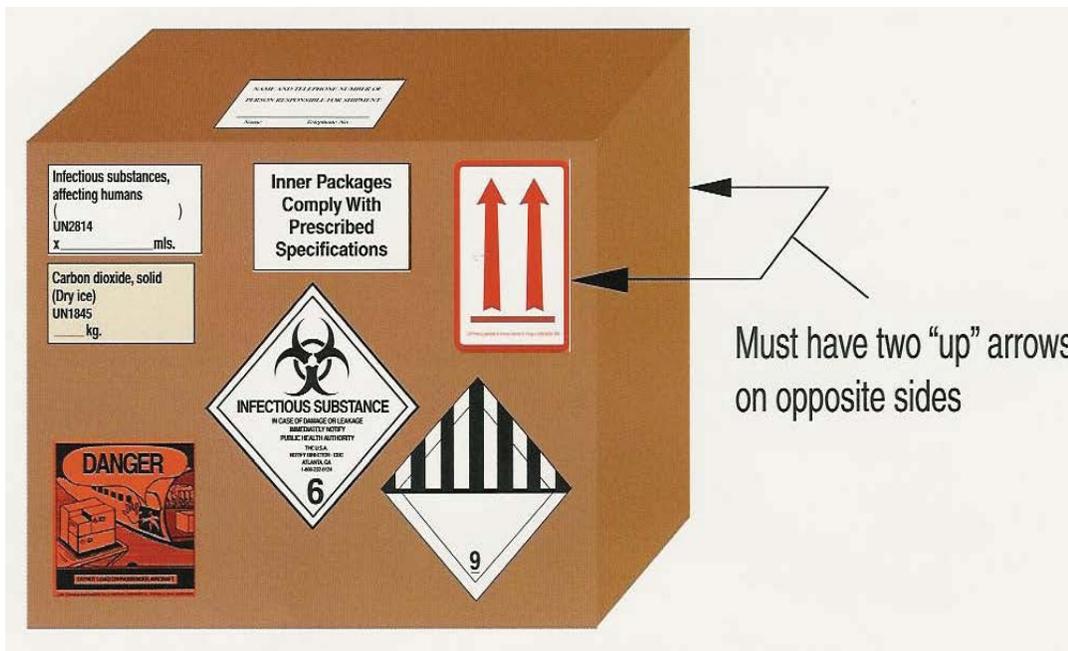


Cross Section of Proper Packing

Table of required labels for diagnostic specimens and infectious substances.

	NAME AND TELEPHONE NUMBER OF PERSON RESPONSIBLE FOR SHIPMENT NAME NUMBER	 Infectious substances, affecting humans (UN2814) x mls.	 Biological Substance, Category B	 Carbon dioxide, solid (Dry ice) UN1845 ___ kg.	Inner Packages Comply With Prescribed Specifications		
Diagnostic Specimens	(Air only) ✓		✓			✓	
Infectious Substance < 50 ml	✓	✓			✓		
Infectious Substance > 50 ml	✓	✓			✓		✓
For Diagnostic Specimens and Infectious Substances							
Dry Ice used in shipment				✓		✓	
Overpack used					✓	✓	

Example of overpack with infectious substance and dry ice (over 50 ml)



Appendix D

Infectious Substance Packaging Checklist

- Primary containers – leak-proof/ watertight
- Multiple primary containers – separated to prevent breakage
- Absorbent material – sufficient to absorb entire contents
- Secondary packaging – UN Specification Packaging for infectious substances; watertight



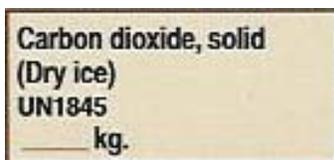
- Itemized list of contents – between secondary container and outer packaging
- Rigid outer packaging

Marking and Labels

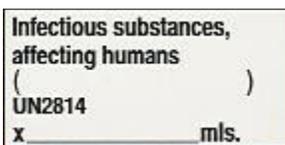
- Name, facility name, complete shipping address and telephone number of shipper
- Name, facility name, complete shipping address and telephone number of consignee
- Name and telephone number of person responsible for shipment
- Class 6.2: Infectious Substance black on white diamond label



- If packed with dry ice - Class 9: Black on white diamond label and UN 1845 Carbon dioxide, dry ice amount label (to convert to kg divide pounds by 2, use whole numbers)



- UN 2814 Infectious substance, affecting humans label and amount



- If Overpack used – “Overpack” label and double up arrows label with arrows being black or red on white (2 labels on opposite sides of the box)



Diagnostic Specimen Packaging Checklist

- Primary containers – leak-proof/ watertight
- Multiple primary containers – separated to prevent breakage
- Absorbent material – sufficient to absorb entire contents
- Secondary packaging – UN Specification Packaging for diagnostic specimens; watertight

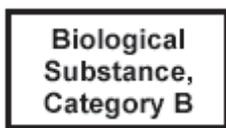


4G/CLASS 6.2/2001
 USA/6-20 SHIPPCO

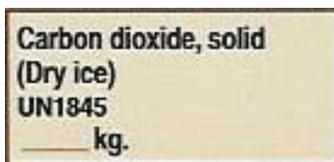
- Itemized list of contents – between secondary container and outer packaging
- Rigid outer packaging

Marking and Labels

- Name, facility name, complete shipping address and telephone number of shipper
- Name, facility name, complete shipping address and telephone number of consignee
- Name and telephone number of person responsible for shipment
- Class 6.2: UN 3373 Diagnostic specimen black on white diamond label and additional labeling indicating Biological Substance, Category B



- If packed with dry ice - Class 9: Black on white diamond label and UN 1845 Carbon dioxide, dry ice amount label (to convert to kg divide pounds by 2, use whole numbers)



- If Overpack used – “Overpacks” label and double up arrows label with arrows being black or red on white (2 labels on opposite sides of the box)



Appendix E

Training requirements

The U.S. Department of Transportation (DOT) Hazardous Materials (HazMat) Regulations (HMR) and 49 CFR (parts 171-180), as well as IATA regulations, require training for all persons involved in the packaging, shipping, etc., of hazardous materials (including infectious substances). Training can be accomplished by lecture, demonstration, seminars, workshops, self-study, or other means, as long as the goal is met. Private consultants and commercial suppliers of packaging products are good sources of training and training materials. Persons (including supervisors) must be trained if they are considered a shipper, pack at the origination site, pick up for the airline, handle the package as cargo during transport, deliver the goods, etc.

Training must consist of the following three components:

- A. General familiarization: presentation of governing regulations and provisions
- B. Function-specific training: detailed instructions of how to perform what the employee/shipper is supposed to do (e.g., package infectious substances, label packages, and prepare documentation)
- C. Safety training: presentation of the hazards of dangerous goods and emergency procedures
- D. Security Awareness training
- E. In-depth security training

A person is considered trained only when the person's employer creates a written Record of Training that states the person has been trained to the satisfaction of the employer.

The Record of Training must contain the following:

- 1) employee name
- 2) most recent completion date of training
- 3) description copy, or location of the training materials used to meet the requirements
- 4) name and address of the trainer
- 5) certification that the hazmat employee has been trained and tested

Training of new employees must be accomplished within 90 days of start of employment or reassignment to shipping duties. Training is valid for two (IATA) or three (DOT) years. Records of training must be kept for two years (IATA) or the duration of employment plus 90 days (DOT).

Training

LRN laboratories will provide packaging and shipping training without cost to your personnel. Please contact your local LRN listed in Appendix A for more information.

Appendix F

G-27A Specimen Submission Form Instructions

The specimen submission form *must* accompany each specimen.

The patient's name listed on the specimen *must* match the patient's name listed on the form.

If the Date of Collection field is not completed, the specimen will be rejected.

 <p>TEXAS Department of State Health Services Specimen Acquisition: (512) 776-7598</p>		<p>G-27A Emergency Preparedness Specimen Submission Form (APR 2013) CAP# 3024401 CLIA #45D0660644 Laboratory Services Section, MC-1947 P. O. Box 149347, Austin, Texas 78714-9347 Courier: 1100 W. 49th Street, Austin, Texas 78756 (888) 963-7111 x7318 or (512) 776-7318 http://www.dshs.state.tx.us/lab</p>		<p>For DSHS Use Only Place DSHS Bar Code Label Here</p>	
<p>Section 1. SUBMITTER INFORMATION -- (** REQUIRED)</p>			<p>Section 6. ORDERING PHYSICIAN INFORMATION -- (** REQUIRED)</p>		
Submitter/TPI Number **		Submitter Name **		Ordering Physician's NPI Number **	
NPI Number **		Address **		Ordering Physician's Name **	
City **		State **		Zip Code **	
Phone **		Contact			
Fax **		Clinic Code			
<p>Section 2. PATIENT INFORMATION -- (** REQUIRED)</p>					
NOTE: Patient name is REQUIRED & MUST match name on this form, Medicare/Medicaid card, & specimen container.					
Last Name **		First Name **		MI	
Address **			Telephone Number		
City **		State **		Zip Code **	
Country of Origin / Bi-National ID #					
DOB (mm/dd/yyyy) **		Sex **		SSN	
Pregnant?		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			
Race:		White <input type="checkbox"/>		Black or African American <input type="checkbox"/>	
American Indian / Native Alaskan <input type="checkbox"/>		Asian <input type="checkbox"/>		Hispanic <input type="checkbox"/>	
Native Hawaiian / Pacific Islander <input type="checkbox"/>		Other <input type="checkbox"/>		Non-Hispanic <input type="checkbox"/>	
Ethnicity:		Unknown <input type="checkbox"/>			
Date of Collection ** (REQUIRED)		Time of Collection		Collected By	
		AM <input type="checkbox"/> PM <input type="checkbox"/>			
Medical Record #		Alien # / GUI / CDC ID		Previous DSHS Specimen Lab Number	
ICD Diagnosis Code ** (1)		ICD Diagnosis Code ** (2)		ICD Diagnosis Code ** (3)	
Date of Onset		Diagnosis / Symptoms		Risk	
Address *		City *		State *	
Zip Code *		Responsible Party *			
Inpatient <input type="checkbox"/>		Outpatient <input type="checkbox"/>		Outbreak association: <input type="checkbox"/>	
Surveillance <input type="checkbox"/>				Insurance Phone Number *	
				Responsible Party's Insurance ID Number *	
				Group Name	
				Group Number	
I hereby authorize the release of information related to the services described here and hereby assign any benefits to which I am entitled to the Texas Department of State Health Services, Laboratory Services Section. Signature of patient or responsible party.					
Signature *		Date *			
<p>Section 3. SPECIMEN SOURCE OR TYPE -- (** REQUIRED)</p>			<p>Section 8. CHEMICAL TERRORISM (CT)</p>		
<input type="checkbox"/> Abscess (site)		<input type="checkbox"/> Gastric		<input type="checkbox"/> Sputum: Natural	
<input type="checkbox"/> Blood		<input type="checkbox"/> Lesion (site)		<input type="checkbox"/> Throat swab	
<input type="checkbox"/> Bone marrow		<input type="checkbox"/> Lymph node (site)		<input type="checkbox"/> Tissue (site)	
<input type="checkbox"/> Bronchial washings		<input type="checkbox"/> Nasopharyngeal		<input type="checkbox"/> Wound (site)	
<input type="checkbox"/> CSF		<input type="checkbox"/> Rectal swab		<input type="checkbox"/> Other:	
<input type="checkbox"/> Eye		<input type="checkbox"/> Serum			
<input type="checkbox"/> Feces/stool		<input type="checkbox"/> Sputum: Induced			
<input type="checkbox"/> Stool		<input type="checkbox"/> Serum		<input type="checkbox"/> Wound (site)	
NOTES: Infants: 5-10g stool, no sera, ship cold. Adults: 5-50g stool, 5 ml sera min, ship cold. Wounds: swab on anaerobic transport medium, ship cold.					
<p>Section 4. CLOSTRIDIUM BOTULINUM</p>					
<input type="checkbox"/> Clostridium Botulinum		**** Prior authorization required. ****			
Patient symptoms (adult botulism):		Call (512) 776-7111 for authorization from a DSHS epidemiologist			
<input type="checkbox"/> Blurred vision		Authorization Code:			
<input type="checkbox"/> Difficulty swallowing		Authorization Authority:			
<input type="checkbox"/> Descending muscle weakness					
<input type="checkbox"/> Descending symmotic paralysis					
<p>Section 5. BACTERIOLOGY</p>					
NOTES: For rule-out testing. Please notify lab prior to sending samples to expedite testing (512) 776-3781.					
Clinical specimen:			Molecular Studies (PCR):		
<input type="checkbox"/> Aerobic Culture			<input type="checkbox"/> Coxiella burnetii		
Organism suspected:			<input type="checkbox"/> Smallpox		
			Smallpox Symptoms:		
<input type="checkbox"/> Bacillus anthracis			<input type="checkbox"/> >10IF, 1-4 days prior to rash onset with headache, back ache, or abdominal pain		
<input type="checkbox"/> Brucella spp.			<input type="checkbox"/> Firm, deep-seated, well-circumscribed vesicles/pustules		
<input type="checkbox"/> Burkholderia mallei/pseudomallei			<input type="checkbox"/> First lesions in the pharynx, oral mucosa		
<input type="checkbox"/> Francisella tularensis			<input type="checkbox"/> Lesions in the same stage of development in any one area of the body		
<input type="checkbox"/> Yersinia pestis			<input type="checkbox"/> Slow evolution of rash, 1-2 days each stage: macule, papule, vesicle		
Centrifugal distribution of lesions			<input type="checkbox"/> Known vaccine exposure		
			<input type="checkbox"/> Lesions on palms and soles		
			<input type="checkbox"/> Patient appears toxic		
NOTES: For pure culture ID and typing, please provide biochemical reactions on reverse side of form or attach copy of biochemistry printout. Each test block (ex. Bacteriology) requires a separate form and specimen. Please see the form's instructions for details on how to complete this form. Visit our web site at http://www.dshs.state.tx.us/lab/ .					
@ = Provide patient history on reverse side of form to avoid delay of specimen processing.			NOTE: All dates must be entered in mm/dd/yyyy format.		
<p>FOR LABORATORY USE ONLY</p>					
Specimen Received:		<input type="checkbox"/> Room Temp.		<input type="checkbox"/> Cold	
		<input type="checkbox"/> Frozen			

April 2013

Page 1 of 2

G-27A Emergency Preparedness Specimen Submission Form Instructions

For mailing and specimen packaging information, visit DSHS Laboratory Services Section's web page at <http://www.dshs.state.tx.us/lab/>.

The specimen submission form **must** accompany each specimen.

The patient's name listed on the specimen **must** match the patient's name listed on the form.
If the Date of Collection field is not completed or is inaccurate, the specimen will be rejected.

Section 1. SUBMITTER INFORMATION

All submitter information that is required is marked with double asterisks (**).

Submitter/TPI number, Submitter Name and Address: The submitter/TPI number is a unique number that the Texas Department of State Health Services (DSHS) Laboratory Services Section assigns to each of our submitters. To obtain a Texas Provider Identifier (TPI) number, contact Texas Medicaid and Healthcare Partnership (TMHP) at 1-800-925-9126.

To request a DSHS Laboratory Services Section submitter number, a master form, or to update submitter information, please call (888) 963-7111 x7578 or (512) 776-7578, or fax (512) 776-7533 or visit http://www.dshs.state.tx.us/lab/mrs_forms.shtml#email.

NPI Number: Indicate the facility's 10-digit NPI number. All health care providers must use the National Provider Identifier (NPI) number. To obtain an NPI number, contact the National Plan and Provider Enumeration System (NPPES) toll free at (800) 465-3203 or via their web site at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

Contact Information: Indicate the name, telephone number, and fax number of the person to contact at the submitting facility in case the laboratory needs additional information about the specimen/isolate.

Clinic Code: Please provide, if applicable. This is a code that the submitter furnishes to help them identify which satellite office submits a specimen and to help the submitter identify where the lab report belongs, if the submitter has a primary mailing address with satellite offices.

Section 2. PATIENT INFORMATION

Complete all patient information including date of collection, time of collection, previous DSHS specimen lab number, last name, first name, middle initial, address, city, state, zip code, country of origin, telephone number, date of birth (DOB), date and time of collection, collected by, sex, social security number (SSN), pregnant, race, ethnicity, medical record number, ICD diagnosis code, date of onset, diagnosis/symptoms, risk, and mark either inpatient/outpatient, outbreak association, and/or surveillance.

NOTE: The patient's name listed on the specimen must match the patient's name listed on the form.

Information that is required to bill Medicare, Medicaid, or private insurance has been marked with double asterisks (**). These fields must be completed. You may use a pre-printed patient label.

Patient Name: If patient is covered by Medicaid, Medicare, or Private Insurance, the name on the specimen form and specimen **must** match the name on the Medicaid, Medicare and insurance card, respectively.

Date of birth (DOB): Please list the date of birth. If the date of birth is not provided, the specimen may be rejected.

Pregnant: Indicate if female patient is pregnant by marking either Yes, No, or Unknown.

Date of Collection/Time of Collection: Indicate the date and time the specimen was collected from the patient or other source. Do not give the date the specimen was sent to DSHS. **IMPORTANT: If the Date of Collection field is not completed or is inaccurate, the specimen will be rejected.**

Collected By: Clearly indicate the individual who collected the specimen.

Medical Record # / Alien # / CUI: Provide the identification number for matching purposes. CUI is the Clinic Unique Identifier number.

Previous DSHS Specimen Lab Number: If this patient has had a previous specimen submitted to the DSHS Laboratory, please provide the DSHS specimen lab number.

ICD Diagnosis Code(s), Country of Origin, Date of Onset, Diagnosis/Symptoms, and Risk (if applicable): Indicate the diagnosis code or findings that would help in processing, identifying, and billing of this specimen/isolate. If the patient's country of origin is not the U.S., then please provide the patient's country of origin.

Inpatient or Outpatient (if applicable): Indicate if the patient is currently admitted to a hospital (required for TB patients).

Outbreak/Surveillance (if applicable): Tell us whether the specimen/isolate is part of an outbreak or cluster, or if the specimen is for routine surveillance. If the specimen is being submitted because of an outbreak, write in the associated name of the outbreak next to the outbreak box.

Section 3. SPECIMEN SOURCE OR TYPE

Specimen Source or Type: Indicate the kind of material you are submitting or the source of the specimen or isolate.

For specimens other than those listed, check the "Other" box and write in the site and source selected from the TB Elimination Division's list of Anatomic Sites and Corresponding Specimen Sources, which can be obtained from your local or regional health department.

++++ Botulism Only +++++: Use this only for specimens submitted for *Clostridium botulinum* testing. For infant testing send 5g to 10g stool, do not send sera. For adult testing send a minimum of 5ml sera and/or 5g to 50g stool. For wound testing send a swab in anaerobic transport medium. Ship all samples cold. Specimen source is a required field for botulism testing.

April 2013

Page 2 of 2

TEST

Test Requested: You **MUST** check or specify the specific test(s) to be performed by the DSHS Laboratory Services Section. Each test block requires a separate form AND a separate specimen. Examples of separate blocks are "Clostridium botulinum" "Bacteriology" or "Chemical Terrorism". For specific test instructions, see the Laboratory Services Section Manual of Reference Services. To cancel a test that is marked in error on the form, mark one line through the test name, write "error" and initial.

Section 4. CLOSTRIDIUM BOTULINUM

++++ **Prior authorization required** ++++: Before specimens can be submitted for *Clostridium botulinum* testing, a DSHS botulism epidemiologist consult is required. The physician should call the switchboard at (512) 776-7111 to talk to an DSHS epidemiologist for a consult. An authorization code and authority name will then be supplied if the epidemiologist approves the testing. Please write the authorization code and authorization authority name in the appropriate lines on the form. Check the *Clostridium botulinum* box and check the appropriate patient symptoms. Make sure to include both a contact phone number and pager number in Section 6 "Ordering Physician Information" to facilitate communication between the ordering physician and the botulism epidemiologist(s).

Section 5. BACTERIOLOGY

This testing is to rule-out specific biothreat agents listed on form G27A. Do not use this form for regular bacteriological testing. For regular bacteriological testing, use the G2B form. Please notify the laboratory at (512) 776-3781 prior to sending samples to expedite testing.

Under the "Bacteriology" section of the form:

1. Under "Clinical specimen:"
 - a. Check the box marked "Aerobic Culture", if the specimen is a clinical sample. Under "Organism suspected", please hand write the organism suspected for rule-out purposes. For botulism testing complete "Section 4. Clostridium botulinum" do not use Section 5. "Bacteriology".
2. Under "Definitive Identification:"
 - a. If a suspected agent is isolated and a pure culture is being submitted, please check the appropriate organism identification box for rule-out purposes.
3. Under "Molecular Studies (PCR):"
 - a. Check the box corresponding to the suspected organism. For suspect smallpox cases, please check the appropriate smallpox symptom(s) boxes.

Section 6. ORDERING PHYSICIAN INFORMATION

Ordering Physician's Name and NPI Number: Give the name of the physician and the physician's NPI number. **This information is required to bill Medicaid, Medicare, and insurance.** Make sure to include both a contact phone number and pager number in Section 6 "Ordering Physician Information" for botulism samples to facilitate communication between the ordering physician and the botulism epidemiologist(s).

Section 7. PAYOR SOURCE

THE SUBMITTER WILL BE BILLED, if the required billing information is not provided, is inaccurate, or if multiple payor boxes are checked.

Indicate the party that will receive the bill by marking only one box.

Please do not use this form for THSteps or medical check-ups; use the G-THSTEPS form.

If selecting a DSHS Program:

- If you are contracting and/or approved by a DSHS program to provide services that require laboratory testing, please indicate which program. For program descriptions, see the Laboratory Services Section's Manual of Reference Services located on the web site at http://www.dshs.state.tx.us/lab/prog_desc.htm.
- For BIDS (Border & Infectious Disease Surveillance), CLPPP or IDEAS, check the appropriate box. Please check the "Other" box and list the program's name in the space provided if necessary.
- **Do NOT check a DSHS program as a Payor Source if the patient has Medicaid, Medicare, or private insurance.**
- For Title V, check Family Planning, Dysplasia, Child Health, or Prenatal.

If selecting Medicaid or Medicare:

- Mark the appropriate box.
- Write in the Medicaid or Medicare number.
- If the patient name on the form does not match the name on the Medicaid/Medicare card, the submitter will be billed.
- Patient's DOB and address must be provided.

If selecting Private Insurance:

- Mark the appropriate box.
- Complete all fields on the form that have an asterisk (*).
- If the private insurance information is not provided on the specimen form or is inaccurate, the submitter will be billed.
- Patient's DOB and address must be provided.

HMO / Managed Care / Insurance Company: Print the name, address, city, state, and zip code of the insurance company to be billed. If all insurance information is not provided on the specimen form, the submitter will be billed. **NOTE:** The DSHS laboratories are not an in-network CHIP or CHIP Perinate provider. If CHIP or CHIP Perinate is indicated, the submitter will be billed.

Responsible Party: Print the Last Name, First Name of the responsible party, the insurance ID number, insurance company's phone number, group name, and group number.

Signature and Date: Have the responsible party sign and date to authorize the release of their information, if DSHS is to bill their insurance or HMO.

Section 8. CHEMICAL TERRORISM

In the event of a suspected chemical terrorism event, blood and urine samples may be sent for chemical threat testing. This is not for routine testing of blood and urine. Justification is a required field and must be completed in order for samples to be tested. Please notify the laboratory at (512) 689-9945 prior to sending samples to expedite testing and to obtain a justification code.

REFLEX & REFERENCE TESTING:

Please note that additional testing procedures (i.e., reflex testing) will be performed at the request of the submitter. Reflex testing will be billed to the appropriate payor in addition to the original test requested. This is particularly applicable to microbiology testing and other laboratory testing requiring confirmation or further diagnostic work.

All reference tests will be billed to the submitter at the prevailing reference laboratory's price with the addition of a handling fee.

For specific test instructions and information about tube types, see the Laboratory Services Section Manual of Reference Services on our web site at <http://www.dshs.state.tx.us/lab/>.

Appendix G

G-27 Biothreat Environmental Specimen Submission Form

 <p>Specimen Acquisition: (512) 776-7598</p>		<p>G-27 Biothreat Environmental Specimen Submission Form (APR 2013) CAP#3024401 CLIA#45D0680644 Laboratory Services Section, MC-1947 P. O. Box 149347, Austin, Texas 78714-9347 Courier: 1100 W. 49th Street, Austin, Texas 78756 Phone: (512) 776-7185 Fax: (512) 776-7431 http://www.dshs.state.tx.us/lab http://www.dshs.state.tx.us/lab/epr.shtm</p>		<p>****For DSHS Use Only**** Place DSHS Bar Code Label Here</p>	
<p>Please PRINT-all FIELDS MUST be FILLED IN-Enter N/A if Appropriate</p>					
Has FBI been notified? <input type="checkbox"/> YES <input type="checkbox"/> NO			NPR assessment <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Section 1. SUBMITTER			Section 2. Reporting Information		
Submitting Agency Case #		Submission Date	Submitter #	Agency/Submitter Name	
Agency / Submitter Name			Address		
Address			City	State	Zip Code
City	State	Zip Code	Phone #	Fax #	Phone #
Email Address		Signature		Email Address	
Section 3. HAZMAT SCREEN					
RESULTS OF HAZARDOUS MATERIAL SCREEN DONE BY SUBMITTING AGENCY (The Laboratory may REJECT Specimens that have not been subject to a Hazard Material Screen)					
Explosive <input type="checkbox"/>		Flammable <input type="checkbox"/>		Oxidizer <input type="checkbox"/>	
Protein <input type="checkbox"/>		Radioactive <input type="checkbox"/>		Corrosive (pH) <input type="checkbox"/>	
Section 4. SAMPLE COLLECTION & SIZE LIMITATION					
<ul style="list-style-type: none"> At a minimum, all materials submitted for testing must be placed in sealed, triple containers Outer packaging must be treated with a disinfectant effective against bacterial spores, e.g., 10% bleach Material packaging must not exceed 15"x15"x15" If suspect material is a liquid, submit 5ml (5cc) Samples can only be returned to the submitter 					
Section 5. SUBMITTED ITEMS					
All Negative Samples will be Destroyed unless otherwise Indicated					
Item #	Description				Return to Submitter?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
FOR LABORATORY USE ONLY: CHAIN OF CUSTODY					
Case # _____					
Received by: (print/sign)			Date:	Time:	
Agency:					
Comment:					
Received by: (print/sign)			Date:	Time:	
Agency:					
Comment:					
Received by: (print/sign)			Date:	Time:	
Agency:					
Comment:					
Sample Description:					
Additional Comments or Instructions:					

Appendix H

Page ____ of ____

TEXAS DSHS CHEMICAL TERRORISM BLOOD SPECIMEN COLLECTION AND SHIPPING MANIFEST

Note: Blood tubes and urine cups **cannot** be shipped together in the same package, prepare a separate shipping manifest for each. Place each shipping manifest (with specimen identification numbers) in a plastic zippered bag on top of the specimens before closing the lid of the polystyrene foam-insulated, corrugated fiberboard shipper.

Date Shipped: _____ Date Received: _____
 Shipped By: _____ Received By: _____
Name

Agency
 Contact: Telephone: _____ Signature _____
 Signature: _____

BLOOD

Total Number of Specimens in this Container: _____	Total Number of Blank Tubes this Container _____
Purple Top Tubes _____	Blank Purple Top Tubes _____
Green or Gray Top Tubes _____	Blank Green or Gray Top Tubes _____

Please include two (2) empty, unopened purple top tubes and two (2) empty, unopened green or gray top tubes from each lot number collected for background contamination measurement.

Place a \checkmark in each box for samples shipped. Place an X in each box for samples not shipped.
 Please indicate the size of the tube collected in the comments field. Collect a minimum of 12 ml of blood. Use three 4-ml or larger vacuum-fill (unopened), non-gel, purple-top (EDTA) tubes; use four tubes if using 3-ml tubes.
 PT = Purple-top tube
 GT = Green- or Gray-top tube

COMMENTS _____

CONTINUE ON NEXT PAGE

SHIPPING ADDRESS: **Bill Edgemond – Chemical Threat
 Laboratory Services Section, MC 1947
 Department of State Health Services
 1100 W. 49th Street
 Austin, TX 78756-3199**

TEXAS DSHS CHEMICAL TERRORISM URINE SPECIMEN COLLECTION AND SHIPPING MANIFEST

Note: Blood tubes and urine cups cannot be shipped together in the same package, prepare a separate shipping manifest for each. Place each shipping manifest (with specimen identification numbers) in a plastic zippered bag on top of the specimens before closing the lid of the polystyrene foam-insulated, corrugated fiberboard shipper.

Date Shipped: _____

Date Received: _____

Shipped By: _____

Received By: _____

Name

Signature _____

Agency

Contact: Telephone: _____

Signature: _____

URINE

Total Number of Specimens in **this** Container: _____

Total Number of **Blank Urine Cups** this Container: _____

Please include two (2) empty, unopened urine cups from each lot number collected for background contamination measurement.

COMMENTS

CONTINUE ON NEXT PAGE

SHIPPING ADDRESS:

**Bill Edgmond – Chemical Threat
Laboratory Services Section, MC 1947
Department of State Health Services
1100 W. 49th Street
Austin, TX 78756-3199**

TEXAS DSHS CHEMICAL TERRORISM URINE SPECIMEN COLLECTION AND SHIPPING MANIFEST

CONTINUED FROM PREVIOUS PAGE

PLEASE INDICATE THE AMOUNT OF URINE COLLECTED IN THE URINE CUP (UC) COLUMN.		
Patient/Victim ID Label	UC (Amount)	Comments
		<hr/> <hr/>

USE ADDITIONAL COPIES OF THIS PAGE IF NECESSARY

NOTE: Please include two (2) empty, unopened urine cups from each lot number collected for background contamination measurement.

Change Record

Section and Page #: Signature page, pg 1
Briefly describe the change made: Updated staff. 7/6/11, Dan Bost.
Section and Page #: Sections 1, 2, 3, 4, pgs 5-9
Briefly describe the change made: Minor grammatical corrections. 7/6/11, Dan Bost.
Section and Page #: Appendix A, pg 15
Briefly describe the change made: Updated BT Coordinator info, added 24/7 phone column, updated Austin phone numbers. 7/6/11, Dan Bost.
Section and Page #: Appendix A, pgs 17-32
Briefly describe the change made: Updated region information. 7/6/11, Dan Bost.
Section and Page #: Section 4, pgs 10-14
Briefly describe the change made: Clarified packaging instructions, deleted DHL shipping information. 7/14/11, Andrea Cole.
Section and Page #: Section 2, pg 6
Briefly describe the change made: Added "Division 6.2", added Category B description according to IATA. 7/22/11, Andrea Cole.
Section and Page #: Section 4, pgs 11-12
Briefly describe the change made: Updated diagrams, clarified Category B Shipper's Declaration requirements. 7/25/11, Andrea Cole.
Section and Page #: Appendix F, pg 44
Briefly describe the change made: Added and clarified training requirements. 7/25/11, Andrea Cole.
Section and Page #: Appendix I, pg 45
Briefly describe the change made: Replaced Chain of Custody form with updated version. 7/25/11 Rahsaan Drumgoole.
Section and Page #: Document
Briefly describe the change made: Updated LRN contact information, DSHS submission forms. Rahsaan Drumgoole 6/25/13
Section and Page #:
Briefly describe the change made:
Section and Page #:
Briefly describe the change made:
Section and Page #:
Briefly describe the change made:
Section and Page #: