South Texas Laboratory
1301 S. Rangerville Road
Harlingen, TX

SPECIMEN MANIFEST FOR CLINIC: _____

Use one manifest per (box) shipment

SHIPPING DATE	**PATIENT NAME** (Last name, First name)	**# OF SPECIMEN TUBES** (Per patient)	**TEST NAME(S)** (Per patient)	**STL recipient verify and Initial** (Internal use)

~~**GEN.40530** *For specimens submitted to the laboratory from remote sites, there is a documented tracking system to ensure that all specimens are actually received.*~~

MANIFEST used for tracking of all laboratory specimens sent from remote sites to ensure all specimens are actually received.