TEXAS
Health and Human
Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

A reminder from DSHS-South Texas Laboratory

In order to comply with our CAP accreditation standards-please use the following updated manifest sheet to better track the specimens your clinic sends to our laboratory and reduce the instances in which specimens are sent to the Austin Laboratory by mistake. There is an updated manifest and updated manifest example following this memo.

- Use one sheet per shipment
- Please fill out the date, the patient's name, ***the number of mustard top (or red top aliquots) tubes and the number of purple top tubes*** you are sending for each patient and the tests ordered for each patient. The last column will initialed by our staff when the contents of the container match the manifest.
- *This manifest does not replace the requisition.*

Please feel free to call with any questions.

Thank you,

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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) MUSTARD OR ALIQUOT FROM RED TOP	# OF SPECIMEN TUBES (Per patient) PURPLE TOP	TEST NAME(S) (Per patient)	STL RECIPIENT VERIFY AND INITIAL (Internal use)

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SPECIMEN MANIFEST FOR CLINIC: *Name of your clinic_____*
USE ONE MANIFEST PER (BOX) SHIPMENT

SHIPPING DATE	PATIENT NAME (Last name, First name)	# OF SPECIMEN TUBES (Per patient) MUSTARD OR ALIQUOT FROM RED TOP	# OF SPECIMEN TUBES (Per patient) PURPLE TOP	TEST NAME(S) (Per patient)	STL RECIPIENT VERIFY AND INITIAL (Internal use)
5/01/17	Mouse, Mickey	1	1	TB PROFILE; CBC	
EXAMPLES	Duck, Donald	1	0	COMP. PANEL	
	Oyl, Olive	1	1	COMP. PANEL; CBC	
	Brown, Charlie	0	1	CBC	