

# Radiological Agents: CDC Urine Specimen Collection and Shipping Manifest

**Note:** Prepare a separate shipping manifest for each package. 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: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

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: CDC Warehouse  
3719 North Peachtree Road  
Chamblee, Georgia 30341  
Phone: 770-488-7227  
NCEHsamplelogistics@cdc.gov



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention

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PLEASE INDICATE THE AMOUNT OF URINE COLLECTED IN THE URINE CUP (UC) COLUMN.

Patient/Sample ID Label	UC (mL)	Comments
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**USE ADDITIONAL COPIES OF THIS PAGE IF NECESSARY**

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