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: ________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

SHIPPING ADDRESS:
Centers for Disease Control and Prevention
CDC Warehouse
3719 N. Peachtree Rd.
Chamblee, GA 30341
ATTN: Chariety Sapp - (770) 488-0343

CONTINUE ON NEXT PAGE
CONTINUED FROM PREVIOUS PAGE

<table>
<thead>
<tr>
<th>Patient/Victim ID Label</th>
<th>UC (Amount)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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