## SOUTH TEXAS LABORATORY 1301 S. RANGERVILLE ROAD HARLINGEN, TX

SP	FCIN	1FN I	$M \Delta N$	IFEST	FOR	CI	INIC-
SГ			VIAIN	презі	FUN	<b>UL</b>	HIVIC.

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)