

Specimen Manifest

Clinical Research Sequencing Platform Covid19_Diagnostic
320 Charles Street
Cambridge, MA 02141-2023

*** Please fill in all 4 of the fields below before shipping to 245 Main Street ***

1. Sending Institution:

Sending Institution and Collection Site Address

PVT TEACHERS _____

2. Collection Date Range:

Date range of specimen collection. Can be a single date if collected on same day

____ / ____ / 20 ____

To:

____ / ____ / 20 ____

3. Total Specimens:

Total count of specimens in this Cryobox

4. Cryobox Number

Cryobox number of total in Shipment. ex. Cryobox 2 of 5.

Cryobox _____ of _____