

# Covid-19 Specimen Manifest

**\*Please fill in all fields below before sending to the lab.**

<b>1. Sending Institution:</b>  <hr/> <hr/>	<b>Deliver samples to:</b>  Broad CRSP 320 Charles Street Cambridge, MA 02141-02021
<b>2. Please Select ONE Test Type:</b>  _____ INDIVIDUAL    _____ POOL  If your institution is sending both pool AND individual samples, please include one manifest per test type	<div data-bbox="932 678 1349 957" style="border: 1px solid black; padding: 10px; text-align: center;">         Please Affix          CRSP Barcode Sticker          HERE       </div> <div data-bbox="902 978 1354 1073" style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> <i>Please record and retain 10-digit number in your files for reference</i> </div>
<b>3. Total Specimens:</b> Total count of specimens (tubes not swabs) in this package  <hr/>	
<b>4. Package Number</b> Package number of total in Shipment. ex. Package 2 of 3.  Package _____ of _____	
<b>5. Courier Collection/Shipping Date:</b>  ____/____/20____	