

Covid-19 Specimen Manifest

* Please fill in all 5 of the fields below before shipping to the Broad. Failure to complete manifest and include in shipment may result in delay in sample processing*

Broad Institute
Clinical Research Sequencing Platform (CRSP)
320 Charles Street
Cambridge MA 02141-2023

1. Please Select ONE Test Type:

INDIVIDUAL

2. Sending Institution:

Sending Institution/Site Name

PLACE CRSP CODE STICKER
HERE
Pro EMS Use Only

*Please record and retain 10-digit number in your files
for tracking and trouble-shooting*

3. Collection Date Range:

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

___ / ___ / 20___

To:

___ / ___ / 20___

4. Total Specimens:

Total count of specimens in this package.

5. Package Number

Package number of total in Shipment. ex. Package 2 of 3.

Package ___ of ___