

Specimen Manifest - Individual PCR

Clinical Research Sequencing Platform 320 Charles Street Cambridge, MA 02141-2023	Covid19_Diagnostic
* Please fill in all 4 of the fields below before return	ing to the Broad *
1. Sending Institution(s): Sending Institution and Collection Site Address:	
2. Collection Date Range: Date range of specimen collection. Can be a single date if c	collected on same day
// 20	
// 20 To: // 20	
3. Total Specimens Total count of Specimens (tubes) in this package	
4. Package Number Package number of total in Shipment. ex. Package 2 of 3.	

Package _____ of ____