



Project Beacon COVID-19

Specimen Manifest - **K12 Pooled Testing**

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

Covid19_Diagnostic

*** Please fill in all 4 of the fields below before returning 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 collected on same day

____ / ____ / 20 ____

To:

____ / ____ / 20 ____

3. Total Specimens

Total count of Pooled tests/tubes in this package

4. Package Number

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

Package ____ of ____