**Project Title:**  Cause of RASHes in the Emergency Department (CRASHED) Project

**Site:**

**Specimen Shipping Form for MPox Testing**

Following items shipped on **Central Lab Address:** Dr. Omai Garner

11633 San Vicente Blvd.

FedEx Tracking# Room 401, Rear Building

Los Angeles, CA 90049

**Instructions:** Complete the table below when shipping swabs on dry ice to the central lab. Include a printout with the shipment and also send the completed form via email to [OGarner@mednet.ucla.edu](mailto:OGarner@mednet.ucla.edu), [kpathmarajah@dhs.lacounty.gov](mailto:kpathmarajah@dhs.lacounty.gov) and [idnet@ucla.edu](mailto:idnet@ucla.edu) at the time of shipment.

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| **Project ID#** | **Location A or B** | **Location # and description** | **Collection Date** | **Comments** |
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