

# Clinical Pathology Submission Form

SHIP SAMPLES TO:

**IDEXX BioAnalytics**  
ATTN: Lab 57  
One IDEXX Drive  
Westbrook, Maine 04092

## Westbrook Laboratory

If you need a submission form for our West Sacramento, CA or North Grafton, MA lab locations, or for additional questions please contact Customer Support: 1-800-544-5205, Opt. 2 • Email: IDEXXBioAnalytics-RST@idexx.com

## SUBMITTER INFORMATION

All fields in RED are required. If they are empty, processing of your samples may be delayed.

Submitter Name:   
Company/Institute:   
Phone Number:   
Submitter Email:   
Quote Number:   
PO Number:

Study Director/Attending Vet:   
Study Director Email:   
Study Director Company:

**Bill To:**  Check only if you DON'T have an IDEXX BioAnalytics account  
SAP/Customer number:

Payment information is required for prompt processing of samples.

Results will be e-mailed to Submitter and Study Director/Attending Vet if we have e-mail address on file. Contact us prior to sample shipment to ensure submitter accounts in your institution are aligned for proper results distribution, especially in the case of a blinded study.

## SAMPLE INFORMATION

Study ID:   
Breed/Strain:

Species:   
Number of Animals:

Is this submission a biohazard?  yes  no

\*Ok to dilute short specimens?  yes  no

If yes, please describe:

\*Does your sample meet minimum volume requirements?  
If no, can we dilute your sample to maximize the number of tests run?

Note: If we cannot run your sample because of poor quality or extremely short volumes, you may be charged a \$20 processing fee per sample.

## Special Instructions

Do you need a separate results report for each animal?  yes  no  
(If no preference, all results will display on the same report.)

Rodent sample—method of collection:   
(e.g. lateral vein, or cardiac puncture)

## Number and Type of Samples in Shipment

Whole Blood  
 Swab/culture (list source)  
 Serum  
 Urine

Plasma (list type):  EDTA  Li Heparin  NaCitrate  
Fluid (list source):   
Other:

	Animal ID (Required)	Group ID (Optional)	Age (Optional)	Sex (Optional)	Collection Date (Required)	Services Requested/Test Code(s) (Required)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

IDEXX USE ONLY	Comments (E.g. quantity, type, temperature, condition, etc.):
	Inventoried & Ented by (date, time, initials):

# Clinical Pathology Submission Form

Westbrook Laboratory



BioAnalytics

Submitter Name:

Study ID:

	Animal ID (Required)	Group ID (Optional)	Age (Optional)	Sex (Optional)	Collection Date (Required)	Services Requested/Test Code(s) (Required)
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						

# Clinical Pathology Submission Form

Westbrook Laboratory



BioAnalytics

Submitter Name:

Study ID:

	Animal ID (Required)	Group ID (Optional)	Age (Optional)	Sex (Optional)	Collection Date (Required)	Services Requested/Test Code(s) (Required)
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						

# Clinical Pathology Submission Form

Westbrook Laboratory



BioAnalytics

Submitter Name:

Study ID:

	Animal ID (Required)	Group ID (Optional)	Age (Optional)	Sex (Optional)	Collection Date (Required)	Services Requested/Test Code(s) (Required)
101						
102						
103						
104						
105						
106						
107						
108						
109						
110						
111						
112						
113						
114						
115						
116						
117						
118						
119						
120						
121						
122						
123						
124						
125						
126						
127						
128						
129						
130						
131						
132						
133						
134						
135						
136						
137						
138						
139						
140						

# Clinical Pathology Submission Form

Westbrook Laboratory



BioAnalytics

Submitter Name:

Study ID:

	Animal ID (Required)	Group ID (Optional)	Age (Optional)	Sex (Optional)	Collection Date (Required)	Services Requested/Test Code(s) (Required)
141						
142						
143						
144						
145						
146						
147						
148						
149						
150						
151						
152						
153						
154						
155						
156						
157						
158						
159						
160						
161						
162						
163						
164						
165						
166						
167						
168						
169						
170						
171						
172						
173						
174						
175						
176						
177						
178						
179						
180						

# Clinical Pathology Submission Form

Westbrook Laboratory



BioAnalytics

Submitter Name:

Study ID:

	Animal ID (Required)	Group ID (Optional)	Age (Optional)	Sex (Optional)	Collection Date (Required)	Services Requested/Test Code(s) (Required)
181						
182						
183						
184						
185						
186						
187						
188						
189						
190						
191						
192						
193						
194						
195						
196						
197						
198						
199						
200						
201						
202						
203						
204						
205						
206						
207						
208						
209						
210						
211						
212						
213						
214						
215						
216						
217						
218						
219						
220						