

**Serology Services  
Submission Form**

**Ship samples to:**  
4011 Discovery Drive  
Columbia, MO 65201

www.idexxbioanalytics.com  
email: idexxbioanalytics@idexx.com  
Toll Free: 800-544-5205 Opt.1  
Customer Service: 573-499-5700  
Fax: 573-499-5701

**SUBMITTER INFORMATION:**

Name: \_\_\_\_\_  
Institution / Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Quote # (if applicable): \_\_\_\_\_

Case report will be sent to the e-mail address provided above.

**BILL TO:**

Institution / Firm: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
PO Number: \_\_\_\_\_  
Invoice Type:  Emailed  Mailed  Faxed

**Payment information is required in order to ensure prompt processing of samples.**

**USE A SEPARATE SUBMISSION FORM FOR EACH SPECIES**

Shipping Date: \_\_\_\_\_ Total # of Samples: \_\_\_\_\_ Species: \_\_\_\_\_

**PROFILE:**  Primary (mouse and rat only)  Comprehensive  Parvo Panel  
 Clinical  Comprehensive Plus (mouse only)  
 Basic  Global (mouse and rat only)

And/or other tests: \_\_\_\_\_

**REQUIRED:** Opti-Spot™ Strips:  Serum: Diluted:  Undiluted:  Other Dilution: \_\_\_\_\_

	SAMPLE ID	INVESTIGATOR	ROOM #	STRAIN	AGE	SEX	OTHER _____
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____	_____

HISTORY/CLINICAL SIGNS: (This information will appear on page 1 of report.)

For free sample collection kits, indicate the number of Opti-Spot™ Dried Blood Spot Collection Strips (includes Opti-Spot™ strips, dessicant packs, plastic bags, and submission form) or the number of vials (includes vials, diluent, and submission form):

Opti-Spot™ Strips: 25  50  100  200  Vial 24  48  96  192

# IDEXX BioAnalytics Serology Services Submission Form (Cont.)

Name: \_\_\_\_\_

	SAMPLE ID	INVESTIGATOR	ROOM #	STRAIN	AGE	SEX	OTHER _____
_1	_____	_____	_____	_____	_____	_____	_____
_2	_____	_____	_____	_____	_____	_____	_____
_3	_____	_____	_____	_____	_____	_____	_____
_4	_____	_____	_____	_____	_____	_____	_____
_5	_____	_____	_____	_____	_____	_____	_____
_6	_____	_____	_____	_____	_____	_____	_____
_7	_____	_____	_____	_____	_____	_____	_____
_8	_____	_____	_____	_____	_____	_____	_____
_9	_____	_____	_____	_____	_____	_____	_____
_0	_____	_____	_____	_____	_____	_____	_____
_1	_____	_____	_____	_____	_____	_____	_____
_2	_____	_____	_____	_____	_____	_____	_____
_3	_____	_____	_____	_____	_____	_____	_____
_4	_____	_____	_____	_____	_____	_____	_____
_5	_____	_____	_____	_____	_____	_____	_____
_6	_____	_____	_____	_____	_____	_____	_____
_7	_____	_____	_____	_____	_____	_____	_____
_8	_____	_____	_____	_____	_____	_____	_____
_9	_____	_____	_____	_____	_____	_____	_____
_0	_____	_____	_____	_____	_____	_____	_____
_1	_____	_____	_____	_____	_____	_____	_____
_2	_____	_____	_____	_____	_____	_____	_____
_3	_____	_____	_____	_____	_____	_____	_____
_4	_____	_____	_____	_____	_____	_____	_____
_5	_____	_____	_____	_____	_____	_____	_____
_6	_____	_____	_____	_____	_____	_____	_____
_7	_____	_____	_____	_____	_____	_____	_____
_8	_____	_____	_____	_____	_____	_____	_____
_9	_____	_____	_____	_____	_____	_____	_____
_0	_____	_____	_____	_____	_____	_____	_____
_1	_____	_____	_____	_____	_____	_____	_____
_2	_____	_____	_____	_____	_____	_____	_____
_3	_____	_____	_____	_____	_____	_____	_____
_4	_____	_____	_____	_____	_____	_____	_____
_5	_____	_____	_____	_____	_____	_____	_____
_6	_____	_____	_____	_____	_____	_____	_____
_7	_____	_____	_____	_____	_____	_____	_____
_8	_____	_____	_____	_____	_____	_____	_____
_9	_____	_____	_____	_____	_____	_____	_____
_0	_____	_____	_____	_____	_____	_____	_____