

**Necropsy 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 Animals: _____ Species: _____

Are these animals immunocompromised? Yes No

PROFILE:

- Primary
- Clinical
- Basic
- Comprehensive
- Comprehensive Plus
- Global
- Immunocompromised
- GEM

add Microbiology
Panel 1 Panel 2 Panel 3 Panel 4

add Histopathology
Panel 1 Panel 2 Panel 3*

*indicate tissues _____

add Helicobacter PCR
Pool samples Pooling instructions _____

add *Corynebacterium bovis* PCR add Fur Mite PCR
 add *Pneumocystis* PCR add Pinworm PCR

And/or other tests: _____

	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.)

IDEXX BioAnalytics Necropsy Services Accession Form (Cont.)

Name: _____

Page ___ of ___

	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	_____	_____	_____	_____	_____	_____	_____