

**Biologicals 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: _____
E-mail: _____
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: _____
E-mail: _____
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:**
- | | | | | |
|-----------------|--|---------------|---|---|
| Mice | <input type="checkbox"/> IMPACT I | Rats | <input type="checkbox"/> IMPACT V | <input type="checkbox"/> CellCheck (<i>please complete CellCheck submission form</i>) |
| | <input type="checkbox"/> IMPACT II | | <input type="checkbox"/> IMPACT VI | |
| | <input type="checkbox"/> IMPACT III | Hamster | <input type="checkbox"/> IMPACT VII | |
| | <input type="checkbox"/> IMPACT IV | Comprehensive | <input type="checkbox"/> IMPACT VIII | Cell Line Sterility: |
| | <input type="checkbox"/> IMPACT SC | | | <input type="checkbox"/> Profile 1 Direct Inoculation |
| Human Pathogens | <input type="checkbox"/> h-IMPACT I | Other | <input type="checkbox"/> <i>Mycoplasma</i> spp. | <input type="checkbox"/> Profile 2F Membrane Filtration Method |
| | <input type="checkbox"/> h-IMPACT II | | <input type="checkbox"/> <i>Corynebacterium bovis</i> | <input type="checkbox"/> Profile 2C Centrifugation Concentration Method |
| | <input type="checkbox"/> h-IMPACT III | | <input type="checkbox"/> <i>Treponema pallidum</i> | |
| | <input type="checkbox"/> And/or other PCR Assays | | | |

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

Are you aware of any potential human health hazards associated with these specimens? Yes No
yes, please state nature: _____

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