

**Microbiology 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: \_\_\_\_\_

Sample Type:  Feces  Cecal swab  Oral / N/P swab  Other (please call) specify: \_\_\_\_\_

**Agent:**

<input type="checkbox"/> <i>Bordetella bronchiseptica</i>	<input type="checkbox"/> <i>Pasteurella multocida</i>	<input type="checkbox"/> <i>Pseudomonas aeruginosa</i>
<input type="checkbox"/> <i>Citrobacter rodentium</i>	<input type="checkbox"/> <i>Pasteurella pneumotropica</i>	<input type="checkbox"/> <i>Salmonella enterica</i>
<input type="checkbox"/> <i>Corynebacterium kutscheri</i>	<input type="checkbox"/> <i>Proteus mirabilis</i>	<input type="checkbox"/> <i>Staphylococcus aureus</i>
<input type="checkbox"/> <i>Klebsiella oxytoca</i>	<input type="checkbox"/> <i>Proteus species</i>	<input type="checkbox"/> <i>Streptococcus pneumoniae</i>
<input type="checkbox"/> <i>Klebsiella pneumoniae</i>	<input type="checkbox"/> And/or other tests: _____	

**Cell Line Sterility Testing**

Profile 1 Direct Inoculation  Profile 2F Membrane Filtration Method\*  Profile 2C Centrifugation Method\*  
 Identify Microbial Contamination (extra charge) \*Profiles 2F and 2C include Direct Inoculation

	SAMPLE ID	INVESTIGATOR	ROOM #	STRAIN	AGE	SEX	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

If yes, please describe \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_