

**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.)

