

Ship Samples To:  
**IDEXX BioAnalytics**  
**ATTN: Sample Receiving**  
**4011 Discovery Drive**  
**Columbia, MO 65201**

# Biomarker Submission Form

## SUBMITTER INFORMATION

Submitter Name:

Company/Institute:

Phone Number:

Submitter Email:

Quote Number:

PO Number:

Study Director/Attending Vet:

Study Director Email:

Study Director Company:

**Bill To:**  Check only if you DON'T have an IDEXX BioAnalytics account  
 SAP/Customer number:

Payment information is required for prompt processing of samples.  
 Results will be e-mailed to Submitter and Study Director/Attending Vet if we have e-mail address on file. Contact us prior to sample shipment to ensure submitter accounts in your institution are aligned for proper results distribution, especially in the case of a blinded study.

## SAMPLE INFORMATION

Study ID:

Breed/Strain:

Species:

Number of Animals:

Is this submission a biohazard?  yes  no

\*Ok to dilute short specimens?  yes  no

If yes, please describe:

\*Does your sample meet minimum volume requirements?  
 If no, can we dilute your sample to maximize the number of tests run?

Note: If we cannot run your sample because of poor quality or extremely short volumes, you may be charged a \$20 processing fee per sample.

## Special Instructions

Do you need a separate results report for each animal?  yes  no  
 (If no preference, all results will display on the same report.)

Rodent sample—method of collection:   
 (e.g. lateral vein, or cardiac puncture)

## Number and Type of Samples in Shipment

Whole blood  Cell culture supernatant

Swab/culture (list source)

Serum

Urine

Plasma (list type):  EDTA  Li Heparin  NaCitrate

Fluid (list source):

Other:

	Animal ID (Required)	Group ID (Optional)	Age (Optional)	Sex (Optional)	Collection Date (Required)	Services Requested/Test Code(s) (Required)
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<b>IDEXX USE ONLY</b>	Comments (E.g. quantity, type, temperature, condition, etc.):
	Inventoried & Ented by (date, time, initials):

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BioAnalytics

Submitter Name:

Study ID:

	Animal ID (Required)	Group ID (Optional)	Age (Optional)	Sex (Optional)	Collection Date (Required)	Services Requested/Test Code(s) (Required)
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BioAnalytics

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