

**GENETIC BACKGROUND
CONTAMINATION QUALITY CONTROL
27 MICROSATELLITE MARKERS (SHORT PANEL)
SUBMISSION FORM**

www.idexxbioresearch.com email: idxxbioresearch@idexx.com

Toll Free: 800-544-5205 Opt.1

Customer Service: 573-499-5700

Ship samples to: 4011 Discovery Drive, Columbia, MO 65201

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: _____

Background strain description: _____

Is this a continuation of an ongoing Project? ☐ Yes ☐ No

If yes, provide previous IDEXX BioResearch case number: _____

| | SAMPLE ID | STRAIN | SEX | OTHER _____ | OTHER _____ |
|----|-----------|--------|-------|-------------|-------------|
| 1 | _____ | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ | _____ | _____ |
| 6 | _____ | _____ | _____ | _____ | _____ |
| 7 | _____ | _____ | _____ | _____ | _____ |
| 8 | _____ | _____ | _____ | _____ | _____ |
| 9 | _____ | _____ | _____ | _____ | _____ |
| 10 | _____ | _____ | _____ | _____ | _____ |