HEALTH MONITORING PCR
SUBMISSION FORM

Ship samples to:
4011 Discovery Drive
Columbia, MO 65201

www.idexxbioresearch.com email: idexxbioresearch@idexx.com
Toll Free: 800-669-0825
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

REQUIRED: Please indicate number of each sample type

Shipping Date:_____ Total # Samples: _____ Species: _____

Feces: _____ Pelt/Cage Swabs: _____ Dry Oral Swab(s)_____ E (Environmental)*_____

*E samples can include matrices or filters from open air flow design racks; flocked swab of rack exhaust air dust; exhaust air dust

Profile:

- ☐ *Helicobacter*
- ☐ Pinworm / Fur Mite PCR
- ☐ Pinworm
- ☐ Fur Mites
- ☐ *Pneumocystis* spp.
- ☐ MHV
- ☐ MNV
- ☐ MPV
- ☐ Mouse Parvo Profile
- ☐ Rat Parvo Profile
- ☐ Opti-Fecal Mouse Panel A
- ☐ Opti-Fecal Mouse Panel B
- ☐ Opti-Fecal Mouse Panel C
- ☐ Opti-Fecal Rat Panel A
- ☐ Protozoal PCR Profile
- ☐ EDx Parasite
- ☐ EDx Primary
- ☐ EDx/Opti-XXPress Prevalent
- ☐ EDx/Opti-XXPress Basic
- ☐ EDx/Opti-XXPress Comp
- ☐ EDx/Opti-XXPress Global

And/or Other PCR Assays:_____

	SAMPLE ID	INVESTIGATOR	ROOM #	STRAIN	AGE	SEX	OTHER	Indicate samples submitted: Feces	Pelt/Cage Swab	Dry Oral Swab	E
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 state nature_____

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

_____

_____

IDEXX BioResearch Health Monitoring PCR Services Accession Form (Cont.)

Name:_________________ **Page ___ of ___**

	SAMPLE ID	INVESTIGATOR	ROOM #	STRAIN	AGE	SEX	OTHER	Indicate samples submitted: Feces	Pelt/Cage Swab	Dry Oral Swab	E
_1								☐	☐	☐	☐
_2								☐	☐	☐	☐
_3								☐	☐	☐	☐
_4								☐	☐	☐	☐
_5								☐	☐	☐	☐
_6								☐	☐	☐	☐
_7								☐	☐	☐	☐
_8								☐	☐	☐	☐
_9								☐	☐	☐	☐
_0								☐	☐	☐	☐
_1								☐	☐	☐	☐
_2								☐	☐	☐	☐
_3								☐	☐	☐	☐
_4								☐	☐	☐	☐
_5								☐	☐	☐	☐
_6								☐	☐	☐	☐
_7								☐	☐	☐	☐
_8								☐	☐	☐	☐
_9								☐	☐	☐	☐
_0								☐	☐	☐	☐
_1								☐	☐	☐	☐
_2								☐	☐	☐	☐
_3								☐	☐	☐	☐
_4								☐	☐	☐	☐
_5								☐	☐	☐	☐
_6								☐	☐	☐	☐
_7								☐	☐	☐	☐
_8								☐	☐	☐	☐
_9								☐	☐	☐	☐
_0								☐	☐	☐	☐
_1								☐	☐	☐	☐
_2								☐	☐	☐	☐
_3								☐	☐	☐	☐
_4								☐	☐	☐	☐
_5								☐	☐	☐	☐
_6								☐	☐	☐	☐
_7								☐	☐	☐	☐
_8								☐	☐	☐	☐
_9								☐	☐	☐	☐
_0								☐	☐	☐	☐

OPTI-XXPRESS SERVICES
SUBMISSION FORM

Ship samples to:
4011 Discovery Drive
Columbia, MO 65201

www.idexxbioresearch.com email: idexxbioresearch@idexx.com
Toll Free: 800-669-0825
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:_____ Specimen(s):_____ Species:_____

Profile:
___ Opti-XXpress Prevalent
___ Opti-XXpress Basic
___ Opti-XXpress Comprehensive
___ Opti-XXpress Global
___ And/or other PCR assay(s)_____

	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 state nature_____

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

_____
_____