SEROLOGY SERVICES
SUBMISSION FORM

Ship samples to:
4011 Discovery Drive
Columbia, MO 65201

www.idexxbioresearch.com email: idexxbioresearch@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:_____
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:_____

PROFILE:
☐ Primary (mouse and rat only)
☐ Clinical
☐ Basic
☐ Comprehensive
☐ Comprehensive Plus (mouse only)
☐ Global (mouse and rat only)
☐ Parvo Panel

And/or other tests:_____

REQUIRED: Opti-Spot™ Strips: ☐ Serum: Diluted: ☐ Undiluted: ☐ Other Dilution:____

	SAMPLE ID	INVESTIGATOR	ROOM #	STRAIN	AGE	SEX	OTHER _____
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

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

_____

_____

For free sample collection kits, indicate the number of Opti-Spot™ Dried Blood Spot Collection Strips (includes Opti-Spot™ strips, dessicant packs, plastic bags and submission form) or the number of vials (includes vials, diluent and submission form):
Opti-Spot™ Strips: 25☐ 50☐ 100☐ 200☐ Vials: 24☐ 48☐ 96☐ 192☐

IDEXX BioResearch SerologyServices Accession Form (Cont.)

Name:__________________ **Page ___ of ___**

	SAMPLE ID	INVESTIGATOR	ROOM #	STRAIN	AGE	SEX	OTHER __________.
_1							
_2							
_3							
_4							
_5							
_6							
_7							
_8							
_9							
_0							
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_8							
_9							
_0							

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