

# MICROBIOLOGY SERVICES SUBMISSION FORM

RADIL (Research Animal Diagnostic Laboratory)

<http://www.radil.missouri.edu>

SHIP SAMPLES TO: Dr. Earl Steffen, RADIL, 4011 Discovery Drive, Columbia, MO 65201

573 884-7521 (FAX)

573 882-1419 (Microbiology Support)

800-669-0825 (Toll Free)

573-882-5983 (Customer Service)

## MAIL REPORT TO:

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**USE A SEPARATE SUBMISSION FORM FOR EACH SPECIES AND TYPE OF PROFILE/TEST(S)**

SHIPPING DATE \_\_\_\_\_ TOTAL # OF SAMPLES \_\_\_\_\_ SPECIES \_\_\_\_\_

SAMPLE TYPE: \_\_\_ feces \_\_\_ cecal swab \_\_\_ oral/N/P swab \_\_\_ other (please call) specify: \_\_\_\_\_

AGENT: \_\_\_ *Bordetella bronchiseptica* \_\_\_ *Citrobacter rodentium* \_\_\_ *Corynebacterium kutscheri*  
\_\_\_ *Klebsiella oxytoca* \_\_\_ *Klebsiella pneumoniae* \_\_\_ *Pasteurella multocida*  
\_\_\_ *Pasteurella pneumotropica* \_\_\_ *Proteus mirabilis* \_\_\_ *Proteus species*  
\_\_\_ *Salmonella species* \_\_\_ *Staphylococcus aureus* \_\_\_ *Streptococcus pneumoniae*

and/or OTHER AGENTS (please call): \_\_\_\_\_

SAMPLE ID	OTHER _____	SAMPLE ID	OTHER _____
1	_____	6	_____
2	_____	7	_____
3	_____	8	_____
4	_____	9	_____
5	_____	10	_____

Are you aware of any potential human health hazards, including radioactivity, associated with these materials? Yes \_\_\_ No \_\_\_

If yes, please state nature \_\_\_\_\_

REMARKS / SPECIAL INSTRUCTIONS / OTHER INFORMATION (To appear on report, check \_\_\_):

\_\_\_\_\_  
\_\_\_\_\_