COLLECT AND SEND SERVICES ACCESSION FORM

RADIL (Research Animal Diagnostic Laboratory)

http://www.radil.missouri.edu

SHIP SAMPLES TO: RADIL, 4011 Discovery Drive, Columbia, MO 65201

573 884-7521 (FAX) 800-669-0825 (**Toll Free**) 573 882-5983 (**Customer Service**)

MAIL REPORT TO:

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CITY _____ ST_____ ZIP_____

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ADDRESS _____

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CITY _____ ST_____ ZIP_____

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Credit Card: VISA ___ MasterCard ___ Discover ___

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

SHIPPING DATE _____ TOTAL # OF SAMPLES _____ SPECIES _____

Serum submitted? ____ Diluted 1:5 ____ Undiluted ____ Other Dilution: ____ **SEROLOGY PROFILE:** ___ Primary ___ Clinical ___ Basic ___ Comprehensive ___ Comprehensive Plus ___ Global	Feces submitted? ____ Pooled? ____ **TEST REQUESTED:** ___ Helicobacter PCR ___ Fecal flotation ___ *Salmonella* sp. ___ *Pseudomonas aeruginosa* ___ *Citrobacter rodentium* (mice)	Oral swab submitted? ____ **TEST REQUESTED:** ___ *Pasteurella pneumotropica* ___ *Corynebacterium kutscheri* ___ *Streptococcus pneumoniae* (rats)	Tape test submitted? ____ **TEST REQUESTED:** ___ Pinworm ova exam ___ Fur mite exam

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