

PCR SERVICES SUBMISSION 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)

SUBMITTER INFORMATION:

NAME _____

INST. / FIRM _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

COUNTRY _____

PHONE #: _____

FAX #: _____

E-MAIL: _____

Case report will be sent to the e-mail address provided.

BILL TO:

INST. / FIRM _____

ATTN _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE #: _____

E-MAIL: _____

PO Number: _____

Credit Card: VISA ___ MasterCard ___ Discover ___

Card #: _____ EXP: ____/____

Card Holder's Name: _____

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

SHIPPING DATE _____ TOTAL # OF SAMPLES _____ SPECIES _____

PROFILE: mice ___ IMPACT I
 ___ IMPACT II
 ___ IMPACT III
 ___ IMPACT IV

Rats ___ IMPACT V
 ___ IMPACT VI
Hamsters ___ IMPACT VII
Comprehensive ___ IMPACT VIII
Human pathogens ___ h-IMPACT
 ___ *Mycoplasma* sp.

___ *Helicobacter*
___ Fecal PCR panel
___ MHV
___ MPV
___ Mouse parvo panel
___ Rat parvo panel

and/or OTHER PCR Assays _____

SAMPLE ID	INVESTIGATOR	ROOM #	STRAIN	SPECIMEN	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)

