

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)

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 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 ___):

