

SEROLOGY 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)

573 882-5997 (Serology Lab)

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 _____

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

and/or OTHER TESTS: _____

REQUIRED: DILUTION: 1:5 _____ UNDILUTED _____ OTHER DILUTION: _____

Note: We recommend shipping at least 100 ul of diluted serum (or 20 ul undiluted) for potential confirmatory / secondary testing of non-negative results. Samples received in volumes of less than 25 ul of 1:5 will be tested by primary MFI, but will be of insufficient volume for confirmatory testing.

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

Are you aware of any potential human health hazards, including radioactivity, associated with these sera? Yes ___ No ___

If yes, please state nature _____

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

For a free serum submission kit, please indicate the number of vials (included are serum vials, an accession form, and diluent) 24 48 96 192

RADIL SEROLOGY SERVICES ACCESSION FORM (CON'T)

Name: _____

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SAMPLE ID	I NVESTIGATOR	ROOM #	STRAIN	AGE	SEX	OTHER: _____
_1	_____	_____	_____	_____	_____	_____
_2	_____	_____	_____	_____	_____	_____
_3	_____	_____	_____	_____	_____	_____
_4	_____	_____	_____	_____	_____	_____
_5	_____	_____	_____	_____	_____	_____
_6	_____	_____	_____	_____	_____	_____
_7	_____	_____	_____	_____	_____	_____
_8	_____	_____	_____	_____	_____	_____
_9	_____	_____	_____	_____	_____	_____
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_1	_____	_____	_____	_____	_____	_____
_2	_____	_____	_____	_____	_____	_____
_3	_____	_____	_____	_____	_____	_____
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_5	_____	_____	_____	_____	_____	_____
_6	_____	_____	_____	_____	_____	_____
_7	_____	_____	_____	_____	_____	_____
_8	_____	_____	_____	_____	_____	_____
_9	_____	_____	_____	_____	_____	_____
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_1	_____	_____	_____	_____	_____	_____
_2	_____	_____	_____	_____	_____	_____
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_4	_____	_____	_____	_____	_____	_____
_5	_____	_____	_____	_____	_____	_____
_6	_____	_____	_____	_____	_____	_____
_7	_____	_____	_____	_____	_____	_____
_8	_____	_____	_____	_____	_____	_____
_9	_____	_____	_____	_____	_____	_____
_0	_____	_____	_____	_____	_____	_____

Please copy additional copies of this page as required.