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**)

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.
SHIPPING DATE _____
TOTAL # OF SAMPLES _____

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: _____

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							