

Health Monitoring PCR Submission Form

Ship samples to:
4011 Discovery Drive
Columbia, MO 65201

www.idexxbioanalytics.com
email: idexxbioanalytics@idexx.com
Toll Free: 800-669-0825
Customer Service: 573-499-5700
Fax: 573-499-5701

SUBMITTER INFORMATION:

Name: _____
Institution / Firm: _____
Address: _____

City: _____ State: _____ Zip: _____
Country: _____
Phone Number: _____
Fax Number: _____
Email: _____
Quote # (if applicable): _____

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

BILL TO:

Institution / Firm: _____
Attention: _____
Address: _____

City: _____ State: _____ Zip: _____
Phone Number: _____
Fax Number: _____
Email: _____
PO Number: _____
Invoice Type: ___ Emailed ___ Mailed ___ Faxed

Payment information is required in order to ensure prompt processing of samples.

USE A SEPARATE SUBMISSION FORM FOR EACH SPECIES

REQUIRED: Please indicate number of each sample type

Shipping Date: _____ Total # Samples: _____ Species: _____
Feces: _____ Pelt/Cage Swabs: _____ Dry Oral Swab(s) _____ E (Environmental)* _____

*E samples can include matrices or filters from open air flow design racks; flocked swab of rack exhaust air dust; or exhaust air dust.

Profile:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> <i>Helicobacter</i> | <input type="checkbox"/> MHV | <input type="checkbox"/> Opti-Fecal Mouse Panel A | <input type="checkbox"/> EDx Parasite |
| <input type="checkbox"/> Pinworm / Fur Mite PCR | <input type="checkbox"/> MNV | <input type="checkbox"/> Opti-Fecal Mouse Panel B | <input type="checkbox"/> EDx Primary |
| <input type="checkbox"/> Pinworm | <input type="checkbox"/> MPV | <input type="checkbox"/> Opti-Fecal Mouse Panel C | <input type="checkbox"/> EDx/Opti-XXPress Prevalent |
| <input type="checkbox"/> Fur Mites | <input type="checkbox"/> Mouse Parvo Profile | <input type="checkbox"/> Opti-Fecal Rat Panel A | <input type="checkbox"/> EDx/Opti-XXPress Basic |
| <input type="checkbox"/> <i>Pneumocystis</i> spp. | <input type="checkbox"/> Rat Parvo Profile | <input type="checkbox"/> Protozoal PCR Profile | <input type="checkbox"/> EDx/Opti-XXPress Comp |
| | | | <input type="checkbox"/> EDx/Opti-XXPress Global |

And/or Other PCR Assays: _____

	SAMPLE ID	INVESTIGATOR	ROOM #	STRAIN	AGE	SEX	OTHER	Indicate samples submitted			
								Feces	Pelt/Cage Swab	Dry Oral Swab	E
1	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.)



IDEXX BioAnalytics Health Monitoring PCR Services Accession Form (Cont.)

Name: _____

Page ___ of ___

	SAMPLE ID	INVESTIGATOR	ROOM #	STRAIN	AGE	SEX	OTHER	Indicate samples submitted			
								Feces	Pelt/Cage Swab	Dry Oral Swab	E
_1	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_2	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_3	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_4	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_5	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_6	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_7	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_8	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_9	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_0	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_1	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_2	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_3	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_4	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_5	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_6	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_7	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_8	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_9	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_0	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_1	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_2	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_3	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_4	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_5	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_6	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_7	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_8	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_9	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_0	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_1	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_2	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_3	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_4	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_5	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_6	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_7	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_8	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_9	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_0	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Opti-XXPress services
Submission Form**

Ship samples to:
4011 Discovery Drive
Columbia, MO 65201

www.idexxbioanalytics.com
email: idexxbioanalytics@idexx.com
Toll Free: 800-669-0825
Customer Service: 573-499-5700
Fax: 573-499-5701

SUBMITTER INFORMATION:

Name: _____
Institution / Firm: _____
Address: _____

City: _____ State: _____ Zip: _____
Country: _____
Phone Number: _____
Fax Number: _____
Email: _____
Quote # (if applicable): _____

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

BILL TO:

Institution / Firm: _____
Attention: _____
Address: _____

City: _____ State: _____ Zip: _____
Phone Number: _____
Fax Number: _____
Email: _____
PO Number: _____
Invoice Type: ___ Emailed ___ Mailed ___ Faxed

Payment information is required in order to ensure prompt processing of samples.

USE A SEPARATE SUBMISSION FORM FOR EACH SPECIES

Shipping Date: _____ Total # of Samples: _____ Specimen(s): _____ Species: _____

Profile: ___ Opti-XXPress Prevalent ___ Opti-XXPress Basic
___ Opti-XXPress Comprehensive ___ Opti-XXPress Global
___ And/or other PCR assay(s) _____

	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 associated with these specimens? Yes No
yes, please state nature _____

HISTORY/CLINICAL SIGNS: (This information will appear on page 1 of report.)

