

**Microbiome Services  
Submission form**

**Ship samples to:**  
4011 Discovery Drive  
Columbia, MO 65201

www.idexxbioanalytics.com  
email: idexxbioanalytics@idexx.com  
Toll Free: 800-544-5205 Opt.1  
Customer Service: 573-499-5700  
Fax: 573-499-5701

**SUBMITTER INFORMATION:**

Name: \_\_\_\_\_  
Institution / Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Quote # (if applicable): \_\_\_\_\_

*Report will be sent to the e-mail address provided above.*

**BILL TO:**

Institution / Firm: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
PO Number: \_\_\_\_\_  
Invoice Type:  Emailed  Mailed

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

**Please submit two frozen fecal pellets for each sample. Sample collection instructions can be found on our website.**

Shipping Date: \_\_\_\_\_ Total # of Samples: \_\_\_\_\_ Species: \_\_\_\_\_

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

Please provide information regarding non-standard husbandry to which animals may have recently been subjected (e.g., shipping, water-based gel): \_\_\_\_\_  
\_\_\_\_\_

If provided, optional information will be presented on the report along with the data for each sample.