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FOR VRL OFFICE USE ONLY

SAMPLE SUBMISSION FORM

Email Completed form to VRL-Maryland@vrl.net
Send a Copy with the Sample Shipment

INVESTIGATOR/CONTACT: _____	P.O/REFERENCE NO (REQUIRED): _____
COMPANY NAME: _____	BILLING CONTACT: _____
ADDRESS: _____	ADDRESS: _____
_____	_____
PHONE: _____	PHONE: _____ FAX: _____
FAX: _____	CREDIT CARD HOLDER: _____
EMAIL: _____	CARD NUMBER: _____
	EXPIRATION AND CVV: _____
	EMAIL ADDRESS: _____

Lab Contact Name (and phone number if different from above): _____

DATE SHIPPED: _____ # OF SAMPLES: _____

KNOWN/SUSPECTED HUMAN PATHOGEN? _____

Special Instructions: _____

Source (Required): Oral _____ Fecal _____ Tissue _____ Serum _____ => Diluted: Yes ___ No ___ EAD Filter _____

Other _____
(specify other): _____

SAMPLE OR ANIMAL ID	SPECIES	ROOM / RACK	TEST CODE AND/OR CATALOG DESCRIPTION

Any questions, call Client Services at 301.610.2521 or 800.804.3586. Fax: 240.686.6776
Or visit us at www.VRL.net