VRL Maryland
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Gaithersburg, MD 20879
Phone: (800) 804-3586
Fax: (240) 686-6776
Email: clientservices@vrl.net

CLINICAL PATHOLOGY SUBMISSION FORM

Email Completed form to clientservices@vrl.net
Send a Copy with the Sample Shipment

INVESTIGATOR/CONTACT: _____
COMPANY NAME: _____
ADDRESS: _____
_____
PHONE: _____
FAX: _____
EMAIL: _____
Email: _____
EMAIL: _____

P.O/REFERENCE NO (REQUIRED): _____
BILLING CONTACT: _____
ADDRESS: _____
_____
PHONE: _____ FAX: _____
CREDIT CARD HOLDER: _____
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: _____

Known/Suspect Human Pathogen? _____

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