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SAMPLE SUBMISSION FORM

Email Completed form to clientservices@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: _____
 Email: _____ EXPIRATION AND CVV: _____
 EMAIL: _____ 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 ___ Filter ___ Other ___ Diluted _____

Specify Other _____

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