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### Canine Submission Form

Email Completed form to [clientservices@vrl.net](mailto:clientservices@vrl.net)  
 Send a Copy with the Sample Shipment

|                             |                           |
|-----------------------------|---------------------------|
| INVESTIGATOR/CONTACT: _____ | P.O/REFERENCE NO: _____   |
| 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/Sample Type (Required):** Whole Blood \_\_\_\_ Serum \_\_\_\_ Tissue \_\_\_\_ Other \_\_\_\_\_

**Specify Other** \_\_\_\_\_

| SAMPLE/<br>ANIMAL ID | Second ID | nDNA PCR<br>(D8540) | kDNA PCR<br>(D8583) | IgG ELISA<br>(D156) | COMMENTS |
|----------------------|-----------|---------------------|---------------------|---------------------|----------|
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Any questions, call Client Services at 301.610.2521 or 800.804.3586. Fax: 240.686.6776  
 Or visit us at [www.VRL.net](http://www.VRL.net)