

ONLY ONE SPECIES AND ONE TYPE OF SEROLOGY PANEL PER FORM PLEASE

Submitting Information

Contact Name: _____

Institution: _____

Mailing Address: _____

Phone: _____

Fax: _____

Date Collected: _____

Species : Mouse Rat Hamster Guinea Pig

Test Requested (circle all that apply):

Mouse: S3M S6M SPM SSM
 Rat: S4R SPR SSR
 Hamster: SSH
 Guinea Pig: SSG

Other: Culture, Nasal Culture, Fecal Parasit, Fecal Parasit, Pelt
 Single Tests: _____

List of Samples: *Your identification numbers will be listed on your final report.*

No.	Submitter Identification	No.	Submitter Identification
1		13	
2		14	
3		15	
4		16	
5		17	
6		18	
7		19	
8		20	
9		21	
10		22	
11		23	
12		24	