MICROBIOLOGY SUBMISSION FORM

CHARLES RIVER LABORATORIES

SUBMIT SAMPLES AND COMPLETED FORM TO:
Charles River Laboratories – Microbiology
251 Ballardvale Street, Wilmington, MA 01887

For use by Charles River Laboratories

Date Received: Accession #:

Customer Information

Send results to:
Firm/Institution: _____
Contact Person: _____
Address: _____
_____
_____
Phone: _____
Fax: _____
Email: _____
Date Specimens Shipped: _____

Bill to:
Firm/Institution: _____
ATTENTION: _____
Address: _____
_____
_____
Phone: _____
Fax:

Purchase Order/Contract #: _____
Credit Card: ☐ VISA ☐ MasterCard ☐ American Express
Card #: _____
Cardholder Name: _____
Expiration Date: _____
Note: Service cannot be completed without payment information

Total number of specimens submitted: ____

Sample Information

Respiratory ☐ Intestinal ☐ Abscess/Lesion ☐ Organ ☐ Environmental ☐ Other: *Please Specify* _____

To the best of my knowledge, these animals and/or specimens do not contain any infectious agent or material which might pose a threat to human health.

Name: **Signature:** **Date:**

Protocol / Test	Specimen ID	Species	Strain	Sex	Comments

Remarks: _____
_____

Charles River Laboratories

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