Molecular Diagnostics Submission Form For Infectious Agent PCR Testing

CHARLES RIVER LABORATORIES

Submit samples and completed form to:
Charles River Laboratories – Molecular Diagnostics
251 Ballardvale Street, Wilmington, MA 01887

For CRL use
Date Received: _____ Receipt #: _____
Accession #: Batch #:

Customer Information

Send results to:
Firm/Institution: _____
Contact Person: _____
Address: _____
_____
_____
Phone: _____
Fax: _____
Email: _____
ILIMS Sponsor #: _____
Date Samples Shipped: _____

Total number of tubes submitted: ☐

Please indicate below if any samples are duplicates.

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

Sample Information

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:** _____

Services Requested: check boxes for assay(s) to be performed on samples listed at right. Use an additional form for samples requiring different combinations of assays or if more space is required.

☐*Helicobacter* (*H. hepaticus*, *H. bilis*, and genus)
Please send no more than 2 fecal pellets per tube.
☐*Mycoplasma* (genus, includes *Acholeplasma*)
☐*Mycoplasma pulmonis*
☐*Pneumocystis carinii*
☐*Corynebacterium bovis*
☐Mouse Parvovirus/Minute Virus
☐Mouse Hepatitis Virus
☐Rat Parvoviruses
☐Essential Panel (12 Viruses)
☐Comprehensive Panel (19 Viruses + *Mycoplasma*)
☐Rat Panel (11 Viruses + *Mycoplasma*)
Send duplicate test articles for assay panels, if possible.
☐Other _____

For a complete list of available assays and for sample collection & shipping details, contact Technical Assistance (1.800.338.9680) or visit www.criver.com.
Please submit this form along with your samples.

Sample ID	Sample Type	Species

Remarks: _____