

SEE REVERSE SIDE FOR INSTRUCTIONS

SEROLOGY SUBMISSION FORM

To be Completed at Charles River Laboratories

Accession No: _____

Date Rec'd: _____

Send Results To:

Firm: _____

Address: _____

State/Zip: _____

Attn: _____

E-mail: _____

Tel: _____ Fax: _____

Date Shipped: _____

SPECIES: _____ Location: _____

Bill To:

Firm: _____

Address: _____

State/Zip: _____

Attn: _____

Tel: _____

Purchase Order No: _____

Credit Card Type & No: _____

Cardholder's name: _____

Expiration Date: _____

To the best of my knowledge, these animals and/or specimens have not been inoculated with any infectious agents which might pose a threat to human health.

Name: _____ Signature: _____ Date: _____

Profile/Test(s)	Vial #	Strain or Customer ID	Dilution	Heat Inact.	Other Treatment
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				

Comments: _____

Instructions for Completing Serology Submission Form

This accession form is intended to ensure that the Serology Department at Charles River Laboratories receives the necessary information for proper and expeditious processing of your serum specimens. Please record the following information on the form.

Item	Information Required
SEND RESULTS TO:	Address of the firm and the name and email address of the person to be notified with the results.
BILL TO:	Provide the following if different from the Results address. Mailing address to which invoice is sent. Name and telephone of the person to be contacted on issues pertaining to billing.
DATE SHIPPED:	Self explanatory.
PURCHASE ORDER NO. or CREDIT CARD INFO.:	A number supplied by you or your purchasing department to which services rendered are billed.
SPECIES:	The species of origin of the specimens described on the form. ONE SPECIES PER FORM PLEASE.
LOCATION:	The room or facility of origin of the specimens described on the form.
VIAL NO.:	With indelible ink, number each specimen vial starting at 1. These numbers will be used to identify your specimens during processing and will appear on the result reports as the sample number.
STRAIN OR CUSTOMER ID:	The strain of origin or your designation for a specimen which will appear on the results report as the Code. Please keep the customer IDs simple and do not place them on the specimen vials.
PROFILE/TEST(s):	Profiles can be abbreviated as follows: T = Tracking; A = Assessment; AP = Assessment Plus. For individual tests please specify the method and the agent, e.g., MFIA SEN and IFA MTLV.
DILUTION:	As described in the Catalog, we request that you dilute specimens one part serum to four parts PBS. You could record this dilution as either 1:4 (i.e., 1 part to 4 parts) or 1/5 (1 part out of 5).
HEAT INACTIVATION:	We prefer that you do NOT heat inactivate specimens. If you do however, please heat inactivate at 56 degrees C for 30 minutes and record on form.
OTHER TREATMENTS:	Please describe any other treatments that you have performed on a specimen, e.g., receptor destroying enzyme (RDE) digestion or kaolin absorption.

Thank you for using the Charles River Laboratories Serology Service and for properly completing the Serology Submission Form.

WARRANTY

If, after performance of services by Charles River Laboratories, you determine that the services do not conform to your specifications or to the material set forth herein, and are, therefore, unacceptable, please notify Charles River Laboratories immediately. Charles River Laboratories will, upon request, return the fees paid for unacceptable laboratory services.

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251 Ballardvale Street, Wilmington, Massachusetts 01887

Tel: (978) 658-6000 Fax: (978) 988-9093

Technical Services: 1-800-338-9680

E-mail - comments@crl.com