



VRL Maryland
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FOR VRL OFFICE USE ONLY

SMALL ANIMAL PCR - SAMPLE SUBMISSION FORM

Email Completed form to VRL-Maryland@vrl.net / Send a Copy with the Sample Shipment

INVESTIGATOR/CONTACT: _____

P.O./REFERENCE NO. (REQUIRED) _____

COMPANY NAME: _____

BILLING CONTACT: _____

DIVISION/DEPT.: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____ FAX: _____

FAX: _____

CREDIT CARD HOLDER: _____

EMAIL: _____

CREDIT CARD NO.: _____

EXPIRATION AND CVV: _____

EMAIL ADDRESS: _____

LAB CONTACT NAME (and phone if different from above): _____

DATE SHIPPED: _____ # OF SAMPLES: _____

KNOWN/SUSPECTED HUMAN PATHOGEN? _____

SPECIAL INSTRUCTIONS: _____

Sample ID (per vial label)	Species/ Sample Type	Test Code	Sample ID (per vial label)	Species/ Sample Type	Test Code

Any questions, call Client Services at 301.610.2521 or 800.804.3586.
 Or visit us at www.VRL.net