



VRL
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San Antonio, TX 78229

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Fax: (210) 615-7771

Sample submission Form
Email Completed form to vrl-sat@vrl.net

Form fields for Investigator/Contact, Company Name, Address, Phone, Fax, Email, P.O./Reference#, Billing Contact, Credit Card Holder, Card Number, Expiration and CVV, and Email Address.

Lab Contact Name (and Phone number if different from above):
Date Shipped: # of Samples
Known/Suspected Human Pathogens?
Special Instructions:
Source (Required): Oral [ ] Fecal [ ] Serum [ ]
Other:

Table with 4 columns: Sample or Animal ID, Species, Type of Test ( PCR, etc), Test Code and / or Catalog Description. The table contains 15 empty rows for data entry.

Questions: Contact Client Services at (877) 615-7275 or (210) 615-7275 / Fax: (210) 615-7771
Or visit us at www.vrl.net