General Submission - San Antonio, USA --- www.vrl.net
**Submit Samples** To: 7540 Louis Pasteur, Suite 250
**Remit Payment** To: P.O. Box 40100
San Antonio, Texas 78229

Phone: 210-615-7275 (Ext. 1) Fax: 210-615-7771

Email Completed Form to: laboratory@vrl.net

| Date | Purchase Order / Performa No. | Bill To Invoice information | | |
|---|---|---|---|---|
| Company Name: | | Company Name:<br>Address: | | |
| Investigator/Contact:<br>Address:<br>City, State, Zip: | | City, State, Zip:<br>Billing, Contact Name:<br>Email Address: | | |
| Phone Number | Fax Number | CVV | Credit Card Number | Exp. Date |
| | | | | |
| Email | | Species | | Specimen Type |
| | | | | |
| Animal Identification: (Please attach additional sheets if more space is needed for animal identification) | | | | |
| | | | | |
| Note: Place (✓) in box by desired test(s), do not circle test(s) doing so may cause incorrect testing to be performed | | | | |

| Sample or Animal ID | Species | Type of Test ( PCR, etc) | Test Code and / or Catalog Description |
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