VRL Maryland
401 Professional Drive
Suite 210
Gaithersburg, MD 20879
Phone: 800.804.3586
Fax: 240.686.6776
VRL-Maryland@vrl.net

FOR VRL OFFICE USE ONLY

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:_____

ADDRESS:_____ ADDRESS: _____

_____ _____

PHONE:_____ PHONE:_____FAX: _____

FAX:_____ CREDIT CARD HOLDER: _____

EMAIL:_____ CARD NUMBER: _____

EMAIL:_____ EXPIRATION AND CVV: _____

EMAIL:_____ EMAIL ADDRESS: _____

Lab Contact Name (and phone number if different from above):_____

DATE SHIPPED:_____ # OF SAMPLES: _____

KNOWN/SUSPECTED HUMAN PATHOGEN? _____

Special Instructions:_____

_____

Source (Required): Oral ☐ Fecal ☐ Tissue ☐ Serum ☐ →Diluted: Yes ☐ No ☐ EAD Filter ☐ Other ☐

(specify other):_____

SAMPLE OR ANIMAL ID	SPECIES	ROOM / RACK	TEST CODE AND/OR CATALOG DESCRIPTION

Any questions, call Client Services at 301.610.2521 or 800.804.3586. Fax: 240.686.6776
Or visit us at www.VRL.net