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**SAMPLE SUBMISSION FORM**

Email Completed form to clientservices@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 \_\_\_\_ Filter \_\_\_\_ Other \_\_\_\_ Diluted \_\_\_\_\_

**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