

To be completed at Charles River

Accession No: _____

Date Received: _____

Serology Submission Form

Contact Information

Institution: _____

Address: _____

Contact: _____

Phone: _____

Fax: _____

Email: _____

Billing Information

Institution: _____

Address: _____

Contact: _____

Phone: _____

Fax: _____

Email: _____

PO #: _____

Payment method is required for efficient turn-around of results.

Credit Card: VISA MC AMEX Credit card Number: _____

Name on Credit Card: _____ Exp Date: _____ Security Code: _____

Sample Information

To the best of my knowledge these samples and/or specimens do not contain any infectious agent or material which might pose a threat to human health. If this is not the case, please call Charles River before sending samples.

Signed: _____ Date: _____

Species* (Check One): Mouse Rat Hamster Guinea Pig Other _____

*Please use **one form** per species. Total number of samples submitted: _____ Source: _____

Sample ID			Profile / Test(s)	Heat Inact	Other Treatment	Strain
Vial #	Customer ID	Dilution				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Comments: _____

Sample ID			Profile / Test(s)	Heat Inact	Other Treatment	Strain
Vial #	Customer ID	Dilution				
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

For Charles River Use Only

Comments: _____

Instructions for Completing the Serology Submission Form

General

Please complete the following information:

- Fill out the Contact and Billing Information as completely as possible.
- Enter the payment method information completely to ensure efficient reporting of results.
- Please sign and date to verify the biohazard status.

Sample Information

- Circle the species origin of the sample and indicate the date of shipment. Use one form per species.
- Indicate the room or facility of origin as the Source.
- For each sample, record all pertinent information including:
 - Vial number; use one form for every 10 samples.
 - Indicate any reference identification in the "Customer ID". Designations will appear on the results report as the "Code".
 - Dilution of the sample; as described on the Sample Submission Information Sheet, we request that the sample be diluted one part serum to four parts PBS. Record this information as either 1:4 (i.e. 1 part to 4 parts) or 1/5 (1 part in 5).
- For each sample, indicate the appropriate Profile/Test Name. See table below for general naming conventions.
- We prefer that you do not heat inactivate samples. If heat-inactivation of samples was performed (56°C for 30 minutes), please check the appropriate box and note this as a comment.
- Please describe any other treatments that have been performed on any sample, e.g. receptor destroying enzyme (RDE) digestion, or kaolin absorption.

MFIA Profile	Abbreviation	Individual Test
Parvovirus screen	PV	MFIA: Test Name
Tracking	T	IFA: Test Name
Prevalent	PR	
Assessment	A	
Assessment Plus	AP	

Shipping Requirements

- When shipping samples, please follow all International Air Transport Association (IATA) guidelines.
- Serum: At least 200 µL of diluted serum is requested. Samples should be frozen ($\leq -20^{\circ}\text{C}$).
- We provide IATA-compliant sample shipping containers (sample collection materials, shipping labels and containers, etc.). Simply contact Technical Services (1-800-338-9680) to request materials for your samples for diagnostic testing. Alternatively, you may order shipping materials 24 hours a day via our website at www.criver.com/info/quotes. Shipping materials are offered at no charge to you.

Please ship samples to:

Charles River
Serology Laboratory
251 Ballardvale Street
Wilmington, MA 01887
Tel: 1-800-338-9680