

Dextran ELISA Submission Form

Order #:

Name of Clinic or Organization)

MetabAxis Diagnostic Services
601 Biotech Dr.
Suite 160
Richmond VA 23235

Order Created By

Email

Phone

Billing Information

Payment Method

PO #:

Sample Shipping/Arrival Dates

Collection Date

Scheduled Ship Date

Arrival Date (Completed by Lab)

Notes

To the best of my knowledge, these animals and/or specimens have not been inoculated with any infectious agents which might pose a threat to human health.

Name: _____ Signature: _____ Date: _____

Sample Information (

Lab ID#	Customer ID/Code	Species	Colony	Strain	Age	Sex
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