

**MICROBIOME SERVICES
SUBMISSION FORM**

www.idexxbioresearch.com email: idx-radil@idexx.com
 Toll Free: 800-544-5205 Opt.1
 Customer Service: 573-499-5700
 Fax: 573-499-5701

Ship samples to:
 4011 Discovery Drive
 Columbia, MO 65201

SUBMITTER INFORMATION:

Name: _____
 Institution / Firm: _____
 Address: _____

 City: _____ State: _____ Zip: _____
 Country: _____
 Phone Number: _____
 Fax Number: _____
 E-mail: _____
 Quote # (if applicable): _____

Report will be sent to the e-mail address provided above.

BILL TO:

Institution / Firm: _____
 Attention: _____
 Address: _____

 City: _____ State: _____ Zip: _____
 Phone Number: _____
 Fax Number: _____
 E-mail: _____
 PO Number: _____
 Invoice Type: Emailed Mailed

Payment information is required in order to ensure prompt processing of samples.

Please submit two frozen fecal pellets for each sample. Sample collection instructions can be found on our website.

Shipping Date: _____ Total # of Samples: _____ Species: _____

	SAMPLE ID	INVESTIGATOR (optional)	ROOM # (optional)	STRAIN (optional)	AGE (optional)	SEX (optional)	OTHER _____
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____	_____

Please provide information regarding non-standard husbandry to which animals may have recently been subjected (e.g., shipping, water-based gel): _____

If provided, optional information will be presented on the report along with the data for each sample.