

# Molecular Diagnostics

## Sample Submission Form

**Farm/Producer:** \_\_\_\_\_

**Veterinarian/Submitter:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email\*:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

\*Results will be sent by email. Please list additional individuals who should receive the results.

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Sample/Material Submitted:** \_\_\_\_\_

**Service Requested:** Infectious bursal disease virus (IBDV) identification: \_\_\_\_\_

Chicken Anemia Virus (CAV) identification: \_\_\_\_\_

Avian Reovirus (ARV) identification: \_\_\_\_\_

Infectious Pancreatic Necrosis Virus (IPNV) identification: \_\_\_\_\_

Diagnostic assay requested: RT-PCR \_\_\_\_\_

Sequence Analysis \_\_\_\_\_

### Animal Information:

Species: \_\_\_\_\_

Morbidity/Mortality: \_\_\_\_\_

\_\_\_\_\_

Vaccines: \_\_\_\_\_ Age at vaccination: \_\_\_\_\_

Vaccines: \_\_\_\_\_ Age at vaccination: \_\_\_\_\_

Vaccines: \_\_\_\_\_ Age at vaccination: \_\_\_\_\_



**List of Samples:**

	Sample Identifier (Case or House # / Farm Name)	Age of animals
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

**Submit Samples To:**

**Larad Vaccines**  
1680 Madison Ave.,  
Wooster OH 44691  
USA