

# Submission Form Mouse

## SUBMITTER INFORMATION

### SUBMITTER INFORMATION

Please mark this box if the **Bill To** information is same as submitter information

Account number:   
 Name:   
 Institution / Firm:   
 Address:   
 City:   
 Postal code (zip):   
 Country:   
 Phone Number:   
 Fax Number:   
 E-mail:   
 PO #:   
 VAT #:

### BILL TO:

Account number:   
 Name:   
 Institution / Firm:   
 Address:   
 City:   
 Postal code (zip):   
 Country:   
 Phone Number:   
 Fax Number:   
 E-mail:   
 PO #:   
 VAT #:   
(outside Germany)

Signature:

Date:

Please note that if this submission form differs from the quote that this form is coupled to, there will be a recalculation of the quoted price. Please contact us if you have any questions regarding this.

## SAMPLE INFORMATION

### General Info

Quote Number:   
 Collection Date:   
 Shipping date:

### Total number of samples

Opti-Spot<sup>™</sup>   
 Fur Swab   
 Dry Oral Swab   
 Wet Oral Swab   
 Feces   
 Environmental swab

### Health hazards

Are there any potential hazards, including GMO or radioactivity associated with these samples?

Yes  No if yes, please state nature

### History / Clinical signs

Please state any history or clinical signs you would like to appear on your report:

## PROFILE SELECTION IDEXX FELASA 2014

### QUARTERLY PROFILES

- IDEXX FELASA Quarterly Profile**  
 RT-PCR + SEROLOGY (LAB: IFQMS + IFQMP)

### ADDITIONAL AGENTS

- IDEXX FELASA Annual Profile**  
 RT-PCR + SEROLOGY (LAB: IFAMS + IFAMS)

### SOPF PROFILES

- IDEXX FELASA SOPF Profile**  
 RT-PCR + SEROLOGY (LAB: IFSM + IFAMS)

- IDEXX FELASA Quarterly Serology Profile** (LAB: IFQMS)

- IDEXX FELASA Quarterly PCR Profile<sup>1</sup>** (LAB: IFQMP)

- IDEXX FELASA Annual Serology Profile** (LAB: IFAMP)

- IDEXX FELASA Annual PCR Profile** (LAB: IFAMP)

- IDEXX FELASA Quarterly Serology Profile** (LAB: IFQMS)

- IDEXX FELASA Annual Serology Profile** (LAB: IFAMP)

- IDEXX FELASA Annual PCR Profile** (LAB: IFAMP)

**FOR ADD-ONS TO THE PROFILES OR TO SELECT INDIVIDUAL TESTING, SEE NEXT PAGE**

1. Profile includes: **Helicobacter spp.** (H. hepaticus, H. bilis, H. typhlonius, H. ganmani, H. rodentium), **Protozoa** (Giardia muris, Spironucleus muris, Cryptosporidium spp.), **Pinworms** (Syphacia, Aspicularis)  
 2. Additional Agents for the IDEXX FELASA SOPF Profile.

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# Additional Agents

Can be selected in combination with a profile or for a selection of individual tests

Test	Method
<input type="checkbox"/> Astrovirus	MFI(2)
<input type="checkbox"/> Astrovirus	qPCR
<input type="checkbox"/> Boone cardiovirus	MFI(2)
<input type="checkbox"/> Boone cardiovirus	qPCR
<input type="checkbox"/> Bordetella bronchiseptica	qPCR
<input type="checkbox"/> Bordetella hinzii	qPCR
<input type="checkbox"/> Campylobacter jejuni	qPCR
<input type="checkbox"/> Campylobacter spp.	qPCR
<input type="checkbox"/> Cilia-associated respiratory bacillus	qPCR
<input type="checkbox"/> Cilia-associated respiratory bacillus	MFI(2)
<input type="checkbox"/> Citrobacter rodentium	qPCR
<input type="checkbox"/> Clostridium piliforme	qPCR
<input type="checkbox"/> Clostridium piliforme	MFI2
<input type="checkbox"/> Corynebacterium kutscheri	qPCR
<input type="checkbox"/> Ectromelia virus (mousepox)	qPCR
<input type="checkbox"/> Encephalitozoon cuniculi	MFI(2)
<input type="checkbox"/> Fur mites (Myocoptes, Myobia, Radfordia)	qPCR
<input type="checkbox"/> Hantaviruses	MFI(2)
<input type="checkbox"/> Hantaviruses *	qPCR
<input type="checkbox"/> Helicobacter spp. (H. bilis, H. ganmani, H. hepaticus, H. rodentium, and H. typhlonius)	qPCR
<input type="checkbox"/> K virus	MFI(2)
<input type="checkbox"/> K virus	qPCR
<input type="checkbox"/> Kilham rat virus	MFI(2)
<input type="checkbox"/> Kilham rat virus	qPCR
<input type="checkbox"/> Klebsiella oxytoca	qPCR
<input type="checkbox"/> Klebsiella pneumoniae	qPCR
<input type="checkbox"/> Klebsiella pneumoniae	qPCR
<input type="checkbox"/> Lactate-dehydrogenase elevating virus	MFI(2)
<input type="checkbox"/> Lymphocytic choriomeningitis virus	qPCR
<input type="checkbox"/> Lymphocytic choriomeningitis virus	MFI(2)
<input type="checkbox"/> Minute virus of mice	MFI(2)
<input type="checkbox"/> Minute virus of mice	qPCR
<input type="checkbox"/> Mouse adenovirus type 1 (FL)	MFI(2)
<input type="checkbox"/> Mouse adenovirus type 1 (FL)	qPCR
<input type="checkbox"/> Mouse adenovirus type 2 (K87)	MFI(2)
<input type="checkbox"/> Mouse adenovirus type 2 (K87)	qPCR
<input type="checkbox"/> Mouse cytomegalovirus	MFI(2)
<input type="checkbox"/> Mouse cytomegalovirus	qPCR
<input type="checkbox"/> Mouse hepatitis virus	MFI(2)
<input type="checkbox"/> Mouse hepatitis virus	qPCR
<input type="checkbox"/> Mouse parvovirus	MFI(2)
<input type="checkbox"/> Mouse parvovirus	qPCR
<input type="checkbox"/> Mouse polyomavirus	MFI(2)
<input type="checkbox"/> Mouse polyomavirus	qPCR
<input type="checkbox"/> Mouse rotavirus	MFI(2)
<input type="checkbox"/> Mouse rotavirus	qPCR
<input type="checkbox"/> Mouse thymic virus	MFI(2)
<input type="checkbox"/> Mouse thymic virus	qPCR
<input type="checkbox"/> Mousepox (ectromelia) virus	MFI(2)
<input type="checkbox"/> Mousepox (ectromelia) virus	qPCR
<input type="checkbox"/> Murine norovirus	MFI(2)
<input type="checkbox"/> Murine norovirus	qPCR
<input type="checkbox"/> Mycoplasma pulmonis	MFI(2)
<input type="checkbox"/> Mycoplasma pulmonis	qPCR
<input type="checkbox"/> Other Pasteurellaceae	Maldi-TOF
<input type="checkbox"/> Other Pasteurellaceae	qPCR
<input type="checkbox"/> Pasteurella multocida	qPCR
<input type="checkbox"/> Pasteurella pneumotropica	Culture
<input type="checkbox"/> Pasteurella pneumotropica	qPCR

Test	Method
<input type="checkbox"/> Pinworms (Syphacia, Aspicularis)	qPCR
<input type="checkbox"/> Pneumocystis carinii	MFI(2)
<input type="checkbox"/> Pneumocystis murina	MFI(2)
<input type="checkbox"/> Pneumocystis spp.	qPCR
<input type="checkbox"/> Pneumonia virus of mice	qPCR
<input type="checkbox"/> Pneumonia virus of mice	MFI(2)
<input type="checkbox"/> Proteus mirabilis	qPCR
<input type="checkbox"/> Protozoa - Cryptosporidium spp.	qPCR
<input type="checkbox"/> Protozoa - Entamoeba	qPCR
<input type="checkbox"/> Protozoa - Giardia muris	qPCR
<input type="checkbox"/> Protozoa - Spiroplasma muris	qPCR
<input type="checkbox"/> Protozoa - Tritrichomonas	qPCR
<input type="checkbox"/> Pseudomonas aeruginosa	qPCR
<input type="checkbox"/> Rat coronavirus/Sialodacryoadenitis virus	MFI(2)
<input type="checkbox"/> Rat coronavirus/Sialodacryoadenitis virus	qPCR
<input type="checkbox"/> Rat Cytomegalovirus	qPCR
<input type="checkbox"/> Rat minute virus	MFI(2)
<input type="checkbox"/> Rat minute virus	qPCR
<input type="checkbox"/> Rat parvovirus	MFI(2)
<input type="checkbox"/> Rat parvovirus	qPCR
<input type="checkbox"/> Rat Rota virus: infectious Diarrhea of Infant Rats (IDIR)	MFI(2)
<input type="checkbox"/> Rat Rota virus: Infectious Diarrhea of Infant Rats (IDIR)	qPCR
<input type="checkbox"/> Rat theilovirus	MFI(2)
<input type="checkbox"/> Rat theilovirus	qPCR
<input type="checkbox"/> Reovirus type 3	MFI(2)
<input type="checkbox"/> Reovirus type 3	qPCR
<input type="checkbox"/> Salmonella spp.	qPCR
<input type="checkbox"/> Segmented Filamentous Bacteria	qPCR
<input type="checkbox"/> Sendai virus	qPCR
<input type="checkbox"/> Sendai virus	MFI(2)
<input type="checkbox"/> Staphylococcus aureus	qPCR
<input type="checkbox"/> Streptobacillus moniliformis	qPCR
<input type="checkbox"/> Streptococci b-haemolytic (Group A)	qPCR
<input type="checkbox"/> Streptococci b-haemolytic (Group B)	qPCR
<input type="checkbox"/> Streptococci b-haemolytic (Group C)	qPCR
<input type="checkbox"/> Streptococci b-haemolytic (Group G)	qPCR
<input type="checkbox"/> Streptococcus pneumoniae	Culture
<input type="checkbox"/> Streptococcus pneumoniae	qPCR
<input type="checkbox"/> Theiler's murine encephalomyelitis virus	MFI(2)
<input type="checkbox"/> Theiler's murine encephalomyelitis virus	qPCR
<input type="checkbox"/> Toolan's H-1 virus	MFI(2)
<input type="checkbox"/> Toolan's H-1 virus	qPCR

ADD OTHER ADDITIONAL TESTS IN FIELD BELOW

## HOW TO USE THIS SAMPLE SUBMISSION TABLE

1. It is not necessary to provide information to all the cells or columns, as long as there is enough information for you to identify your individual samples/animals
2. You can send in as many tables/pages as necessary to complete the sample submission, as long as the tests for these samples correspond to the profile you requested on page one
3. For your convenience, the information you include in the table below will also be displayed in your LIMS report for easy review of the results

<b>For single samples:</b> - One table of 10 rows per biological unit - Row 11 is for possible additional pooled sample	<b>For pooled samples:</b> - One pool can contain max. 10 individual samples - Feces, environmental swabs, dry oral swabs and fur swabs can be pooled 1:10 - Opti-Spot™ & wet oral swabs cannot be pooled and need to be listed separately; one per row - For further information please consult our pooling FAQ
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### SUBMITTER INFORMATION

**Name of Facility** 
**Building** 
**Area/Unit** 
**Page**  **Of**

ID	Additional ID <small>This content will be visible in the final report but not in Opti-Tracking.</small>	Investigator <small>Name or ID# of investigator</small>	Room #	Strain	Age	Sex	Rack	Date Placed <small>Date of sample collection</small>	Sample Material	Pooling <small>If samples are pooled please indicate below by checking the box</small>	FOR IDEXX LAB USE ONLY IDEXX ID
1						<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Opti-Spot™ <input type="checkbox"/> Envir. swab <input type="checkbox"/> Fur Swab <input type="checkbox"/> Dry Oral Swab <input type="checkbox"/> Wet Oral Swab <input type="checkbox"/> Faeces	<input type="checkbox"/> Sample is Pooled by submitter	
2						<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Opti-Spot™ <input type="checkbox"/> Envir. swab <input type="checkbox"/> Fur Swab <input type="checkbox"/> Dry Oral Swab <input type="checkbox"/> Wet Oral Swab <input type="checkbox"/> Faeces	<input type="checkbox"/> Sample is Pooled by submitter	
3						<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Opti-Spot™ <input type="checkbox"/> Envir. swab <input type="checkbox"/> Fur Swab <input type="checkbox"/> Dry Oral Swab <input type="checkbox"/> Wet Oral Swab <input type="checkbox"/> Faeces	<input type="checkbox"/> Sample is Pooled by submitter	
4						<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Opti-Spot™ <input type="checkbox"/> Envir. swab <input type="checkbox"/> Fur Swab <input type="checkbox"/> Dry Oral Swab <input type="checkbox"/> Wet Oral Swab <input type="checkbox"/> Faeces	<input type="checkbox"/> Sample is Pooled by submitter	
5						<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Opti-Spot™ <input type="checkbox"/> Envir. swab <input type="checkbox"/> Fur Swab <input type="checkbox"/> Dry Oral Swab <input type="checkbox"/> Wet Oral Swab <input type="checkbox"/> Faeces	<input type="checkbox"/> Sample is Pooled by submitter	
6						<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Opti-Spot™ <input type="checkbox"/> Envir. swab <input type="checkbox"/> Fur Swab <input type="checkbox"/> Dry Oral Swab <input type="checkbox"/> Wet Oral Swab <input type="checkbox"/> Faeces	<input type="checkbox"/> Sample is Pooled by submitter	
7						<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Opti-Spot™ <input type="checkbox"/> Envir. swab <input type="checkbox"/> Fur Swab <input type="checkbox"/> Dry Oral Swab <input type="checkbox"/> Wet Oral Swab <input type="checkbox"/> Faeces	<input type="checkbox"/> Sample is Pooled by submitter	
8						<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Opti-Spot™ <input type="checkbox"/> Envir. swab <input type="checkbox"/> Fur Swab <input type="checkbox"/> Dry Oral Swab <input type="checkbox"/> Wet Oral Swab <input type="checkbox"/> Faeces	<input type="checkbox"/> Sample is Pooled by submitter	
9						<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Opti-Spot™ <input type="checkbox"/> Envir. swab <input type="checkbox"/> Fur Swab <input type="checkbox"/> Dry Oral Swab <input type="checkbox"/> Wet Oral Swab <input type="checkbox"/> Faeces	<input type="checkbox"/> Sample is Pooled by submitter	
10						<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Opti-Spot™ <input type="checkbox"/> Envir. swab <input type="checkbox"/> Fur Swab <input type="checkbox"/> Dry Oral Swab <input type="checkbox"/> Wet Oral Swab <input type="checkbox"/> Faeces	<input type="checkbox"/> Sample is Pooled by submitter	
11						<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Opti-Spot™ <input type="checkbox"/> Envir. swab <input type="checkbox"/> Fur Swab <input type="checkbox"/> Dry Oral Swab <input type="checkbox"/> Wet Oral Swab <input type="checkbox"/> Faeces	<input type="checkbox"/> Sample is Pooled by submitter	

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Client Number :