

Email, fax, or mail this form to VMRD

Important! Please read the following information before submitting samples!

A USDA APHIS import permit is required for all samples received by VMRD. Furthermore, a copy of the permit must be shipped with the samples.

Domestic (US) Customers:

VMRD has a blanket USDA APHIS import permit covering most domestic samples of the types that we typically receive. Before shipping samples, please contact us to request a copy of this permit. Be sure to specify whether you would rather receive the copy by e-mail, FAX or mail. Please read the permit carefully to make certain that it covers the samples that you intend to submit. Please remember to include a copy of the permit when you send the samples.

International (non-US) Customers:

We must obtain a USDA APHIS import permit for your samples before you may send them. Permits are generally valid for one year and can be renewed. There will be a \$200 fee to offset our costs in obtaining and purchasing the permit. We will also charge \$100 for each renewal. Please contact us to arrange a permit for your samples.

We apologize for any inconveniences arising from these permit requirements and thank you for your patience and understanding.

Sender Information

Date _____

Clinic/Organization _____

Sender Name _____

Veterinarian _____

Address _____

City _____ State ____ Zip _____

Phone _____ Fax _____

Email _____

Send Results To

Primary Results Contact

Name _____ Email _____

Alt. Results Contact

Name _____ Email _____

Billing Information

Purchase Order Number _____

Name _____

Address _____

City _____ State ____ Zip _____

Phone _____ Fax _____

Billing Contact _____

Billing Email _____

Test(S) Requested

Anaplasma cELISA Serum Test

Caprine Arthritis Encephalitis (CAE) cELISA Serum Test

IFA Testing - End Point Titer

IFA Testing - Screening Dilution

Neospora caninum cELISA Serum Test

Other _____

Special Instructions _____

Technical Support Case # _____

Sample Origin

Sample ID _____

Owner _____

Address _____

City _____ State ____ Zip _____

Phone _____ Fax _____

Animal Name _____ Sex ____

Species Breed _____

Age _____ Birth Date _____ Sample Date _____

Dam Sire _____

Condition of Animal _____

Please print a copy and send completed form with samples to:

VMRD, Inc.
Attn: Lab Services
425 NW Albion Drive
Pullman, Washington 99163

P: 509.334.5815
F: 509.332.5356
order@vmrd.com
www.vmrd.com