



Epitopix, LLC
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 Willmar, MN 56201
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Customer Order Form - Autogenous SRP

Order Date:	Customer PO:
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Isolate Origin Information	Ship Vaccine To (check one):
Customer Name:	Ship to: Referring Veterinarian Adjacent/Non adjacent Customer/Owner
Veterinarian: Address 1: Address 2: City: State: Zip: Phone: Fax: Email:	Name: Address 1: Address 2: City: State: Zip: Phone: Fax: Email:

Dose Information	Injection Route
Dose volume (ml): 0.25 ml	Subcutaneous Intramuscular Other:
Number of doses this order:	
Number of Bottles:	

Vaccine Formulation	
Bacterial Antigen(s)	Adjuvant
Salmonella E.coli Pasteurella	Oil Emulsion Aluminum hydroxide (25%) Other
	Preservative (leave blank if no preference)
	Formalin Gentamicin Polymyxin B

Epitopix Sales Representative:
