



**SHIP OR MAIL ISOLATE TO:**  
 Epitopix, LLC  
 1801 Biotech Avenue NE  
 Willmar, MN 56201  
 Phone: (320) 222-9822  
 Fax: (320) 222-9821

## Isolate Submission Form

**Date:**

Referring Veterinarian Information	Customer Information
Clinic/Company:	Name:
Veterinarian Name:	Address 1:
Address 1:	Address 2:
Address 2:	City:
City:	State:
State:	Zip:
Zip:	Phone:
Phone:	Fax:
Fax:	Email:
Email:	

**Describe isolate(s) being submitted:**

Customer Isolate I.D.:	Customer Isolate I.D.:
Date of Isolation:	Date of Isolation:
Isolate Origin Address:	Isolate Origin Address:
Isolated by (Lab Name):	Isolated by (Lab Name):
Comments:	Comments:

Customer Isolate I.D.:	Customer Isolate I.D.:
Date of Isolation:	Date of Isolation:
Isolate Origin Address:	Isolate Origin Address:
Isolated by (Lab Name):	Isolated by (Lab Name):
Comments:	Comments:

Customer Isolate I.D.:	Customer Isolate I.D.:
Date of Isolation:	Date of Isolation:
Isolate Origin Address:	Isolate Origin Address:
Isolated by (Lab Name):	Isolated by (Lab Name):
Comments:	Comments:

Customer Isolate I.D.:	Customer Isolate I.D.:
Date of Isolation:	Date of Isolation:
Isolate Origin Address:	Isolate Origin Address:
Isolated by (Lab Name):	Isolated by (Lab Name):
Comments:	Comments:

Received by (R&D Designee): \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_