



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:	Owner 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:

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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: _____