

VSC Diagnostic Lab

Biological Material Pathogen Test Request Form – ****Please Type****

Date:

Principal Investigator:

Dept / Bldg / Room number:

Responsible Person:

APLAC protocol number:

Phone / e-mail address:

Account number (PTA):

Pathogen Test desired (underline): Mouse Rat Mouse + Rat

*Sample #	Name (e.g., HeLa, Matrigel, rat serum, parasite)	Species of origin (e.g., human, rat, rabbit)	Source (e.g., ATCC, WiCell, investigator)	Catalog #	Rodent species to be inoculated (mouse, rat, hamster)	Accession Number (filled in by VSC)
1						
2						
3						
4						
5						

* Samples may be:

- 0.2 - 0.5 ml of serum, ascites, or other liquid
- pool of 1 - 5 cell lines (2 x 10⁶ cells per cell line) in a volume of ≤ 1 ml. Do not pellet the cells; if possible, leave them in their original tissue culture medium. Do not exceed a total of 10 x 10⁶ cells (less is OK).
- **NOTE: Samples must be in a cryovial with an O-ring (available at no cost in VSC Diagnostic Lab)**