



**STAND ALONE SEND IN ORDER FORM \$55**

**A minimum of 10 microliters of whole blood or 5 microliters of serum is required but it is always recommended to send more to allow for additional testing if necessary.**

*Vaccicheck may only be purchased or used by a licensed veterinarian.*

Please complete this form as fully as possible, including all pertinent information for testing. Return form with sample in appropriate mailing container and either mail or follow courier delivery instructions.

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**For Office Use Only:**

Specimen No: \_\_\_\_\_ Date Rcvd: \_\_\_\_\_

Clinic Email \_\_\_\_\_

Receive results via email within 24-48 hours of sample receipt

Check Enclosed

Bill on receipt of results

Animal's Name \_\_\_\_\_

Owner's Name \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_ Date \_\_\_\_\_

By checking here, I certify that I am giving Spectrum permission to run the VacciCheck assay for the patient listed above.

How would you prefer your results?  Fax  Email

Results will be available the same day sample is received.

QUESTIONS? Call us at (800) 553-1391 or visit our website at [www.VacciCheck.com](http://www.VacciCheck.com)

**DISTRIBUTED BY:**



**FOR MORE INFORMATION OR TO ORDER:**

[www.VacciCheck.com](http://www.VacciCheck.com)

Toll Free: (800) 553-1391

Fax Completed Order Form: (480) 464-0364