



STAND ALONE SEND IN ORDER FORM

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.

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

DISTRIBUTED BY:



FOR MORE INFORMATION OR TO ORDER:

www.VacciCheck.com

Toll Free: (800) 553-1391

Fax Completed Order Form: (480) 464-0364