

# SOUND DIAGNOSTICS, INC.

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4909 - 236th Place SE  
Woodinville, WA 98072

Phone (206) 363-0787  
Fax (425) 482-9292

## RODENT SEROLOGY

Requestor's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Entity Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Billing address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

P.O. No. (if applicable): \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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Species: \_\_\_\_\_ Strain: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Owner: \_\_\_\_\_

Number of samples: \_\_\_\_\_

Identification of samples: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Provide results by: Fax \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ (Results will also be mailed)

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Tests:	Mouse Panel A	_____	Rat Panel A	_____	Custom Mouse Panel	_____
(check)	Mouse Panel B	_____	Rat Panel B	_____	Custom Rat Panel	_____
	Mouse Panel C	_____	Rat Panel C	_____	Hantaan virus	_____

Individual test(s): \_\_\_\_\_

Comments:

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Date received: \_\_\_\_\_ Lab No.: \_\_\_\_\_