National B Virus Resource Center
Viral Immunology Center
Georgia State University
161 Jesse Hill Jr. Dr SE
Atlanta, GA 30303

Please fill out completely and include with shipment.

Acrobat writer user can fill out, **save**, and email the form / *Acrobat reader (higher than 5)* user can fill out, **print**, and fax the form.

1. Institution/Company name: _____

2. Mailing Address: _____ City: _____ State: _____ Zip: _____

3. Testing Requested by: * _____ 4. Phone: _____ 5. Emergency Phone: _____

6. Send results to #2 address ☐ if not use a textbox below 7. Phone: _____ 8. Emergency Phone: _____

9. FAX#: _____ 10. Emergency Pager #: _____ 11. email: _____

☐ I authorize the National B Virus Resource Laboratory to provide a copy of all results to:

Dr. P.K. Robbins
Gibbon SSP Veterinary Advisor
Associate Veterinarian
San Diego Zoo
1354 Old Globe Way
San Diego, CA 92101-1635

Alan Mootnick
Gibbon SSP Husbandry Advisor
Gibbon Conservation Center
PO Box 800249
Santa Clarita, CA 91380

Special Instructions:
_____

Primate Sample Information: Mark tubes clearly

12. Name or ID: _____

13. Species: _____

14. Test Purpose: Routine HSV-1 & HSV-2

15. Injury Type: N/A

16. Injury Date: N/A   17. Injury related Human's ID: N/A

18. Serum? ☐ Yes ☐ No   19. Total serum tubes: _____

20. Collection date(s): _____ 21. Virology? ☐ Yes ☐ No

22. Total virology tubes: _____ 23. Collection date: _____

24. Sites: ☐ Buccal ☐ Right eye ☐ Left eye ☐ Genital ☐ Lesion

Special Instructions:
_____

A. If you have any problems or questions regarding sample collections or shipment, please contact our laboratory.

B. Please contact our laboratory prior to shipping so we can schedule your samples for testing

C. Phone: 404-413-6550   Fax: 404-413-6556   email: bvirus@gsu.edu

* **Human testing should be requested by a physician.**

FOR BV LABORATORY USE ONLY

Institution Code: _____ Condition: _____ Case#: _____ Total samples: _____

Rec'd Date: _____ Priority: _____ Acc.#: _____

Rec'd Time: _____ Tech: _____ / _____ Does tube info match Paperwork? ☐ Yes ☐ No   (03/04)

National B Virus Resource Laboratory
Batch testing submission list

	Animal ID	Collection Date (m/d/yyyy)	Species

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