



National B Virus Resource Center
 Viral Immunology Center
 Georgia State University
 161 Jesse Hill Jr. Drive
 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. Billing Address: City: State: Zip:
 4. Purchase Order Number:
 5. Billing Information
 - a) Credit Card: No Yes: If Yes, please go to our store, National B Virus Resource Center at https://secure.touchnet.com/C20797_ustores/web/store_main.jsp?STOREID=57, after receiving your invoice, in order to submit your payment.
 - b) other:
 6. Testing Requested by: *
 7. Phone:
 8. Emergency Phone:
 9. Send results to #2 address if not use a textbox below
 10. Phone:
 11. Emergency Phone:
 12. FAX#:
 13. Emergency Pager #:
 14. email:
- Special Instructions:

Human Sample Information: Mark tubes clearly.

15. Name or ID:
 16. Test Purpose:
 17. Injury Type:
 18. Injury Date:
 19. Injury related Primate's ID:
 20. Species:
 21. Serum? Yes No
 22. Total serum tubes:
 23. Collection date(s):
 24. Virology? Yes No
 25. Total virology tubes:
 26. Collection date:
 27. Sites: Wound Buccal Right eye Left eye Biopsy
- Special Instructions:

Primate Sample Information: Mark tubes clearly

28. Name or ID:
 29. Species:
 30. Test Purpose:
 31. Injury Type:
 32. Injury Date:
 33. Injury related Human's ID:
 34. Serum? Yes No
 35. Total serum tubes:
 36. Collection date(s):
 37. Virology? Yes No
 38. Total virology tubes:
 39. Collection date:
 40. 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

**National B Virus Resource Laboratory
Batch Testing Submission List**

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