



**SHIP OR MAIL ISOLATES TO:**  
**EPITOPIX, LLC**  
**1801 Biotech Avenue NE**  
**Willmar, MN 56201**  
**Phone: (320) 222-9822**  
**Fax: (320) 222-9821**

**Sample Submission Form**

**Company Name** \_\_\_\_\_  
**Owner** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City/State/Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**Epitopix Sales Rep** \_\_\_\_\_

**Referring Veterinarian** \_\_\_\_\_  
**Clinic** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City/State/Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**Comments** \_\_\_\_\_

**Individual Animal Testing Information**

Sample Date	Sample ID	Barn/House Name and/or Number (Street address, City, State)	Organ System sample recovered	Organism to Isolate Additional comments

(Attach Additional Sheets if Needed)

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**Sample Submission Form**

<b>Sample Date</b>	<b>Sample ID</b>	<b>Barn/Hs name &amp; complete address</b>	<b>Organ System sample recovered</b>	<b>Organism to Isolate Additional comments</b>