



SHIP OR MAIL ISOLATES TO:
VaxxinoVA US
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 Date	Sample ID	Barn/Hs name & complete address	Organ System sample recovered	Organism to Isolate Additional comments