



SHIP OR MAIL ISOLATE TO:

Vaxxinova US
1801 Biotech Avenue NE
Willmar, MN 56201
Phone: (320) 222-9822
Fax: (320) 222-9821

Date:

Isolate Submission Form

Referring Veterinarian Information
Clinic/Company:
Veterinarian Name:
Address 1:
Address 2:
City, State:
Zip:
Phone:
Fax:
Email:

Customer Information
Owner Name:
Address 1:
Address 2:
City, State:
Zip:
Phone:
Fax:
Email:

Describe isolate(s) being submitted:

(Please remit Diagnostic Lab Report)

Table with 2 columns: Name of Diagnostic Lab, Lab Accession #/ID, Genus Species, Isolation Date, Farm Origin ID, Farm Origin Address.

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Submission Submitter: _____ Date: _____ Initials: _____

Received by (R&D Designee): _____ Date: _____ Initials: _____