Sample Submission Form for Ophidian Paramyxovirus Testing

Sampling Date:_____

Contact Name:_____

Phone Number:_____ **Fax/Email:**_____

Billing Address of Investigator Submitting Sample:

_____

_____

_____

Samples:

ID #/Name	Species
1.	
2.	
3.	
4.	
5.	

Please ship samples priority overnight to:
April Childress
University of Florida, CVM
2015 SW 16th Ave
Building 1017, Room V2-186
Gainesville, FL 32608
Phone: 352-294-4420
Fax: 352-392-5464