MYSTIC AQUARIUM

SAMPLE SUBMISSION FORM FOR BRUCELLA TESTING

Submitting Institution_____

Contact/Submitter_____

Address_____

City, State, Zip_____

Phone _____

Fax_____

Email_____

Billing Contact_____

Sample Should be Returned ☐ Shipping Acct Information_____

or

Sample Should be Disposed of ☐

Animal ID	Species	Sex	Age	Location housed, stranded, collected	City, State	Date Collected	Sample type Submitted	Collection Authorization Permit Information