

QCL Submittal Form

Customer Service: Tel: (650) 948-9911; FAX: (650) 948-9913

Samples received time: 8 a.m. to 5 p.m. only - arrange courier service >24hrs. in advance.

Inquire for PRIORITY / STAT services (extra charges apply)

Please have serum/plasma free of cells or clots-secure vials in box/ triple pkg per DOT guidelines.

Client MUST fill out shaded portions completely and accurately. May cause delay. page _____ of _____

GLP: Yes / No Acct #: _____	Results Needed by: _____
Contact Person: _____	Study Director: _____
Phone: () Fax: ()	Phone: () Fax: ()
Email: _____	Email: _____
# Animals/Species/Breed: _____	Study ID/Number: _____
Collection Date: _____ Time: _____	Biohazard: Yes / No Type: _____
Test Requested: _____	
(list test codes) _____	
Comments: _____	Client Sign/Date: _____
QCL Service: STANDARD PRIORITY STAT PO #: _____	

Each sample vial label must match with listed sample ID on this form.

Mark (X) type of specimen

#	QCL Use Only	Group ID	Sample ID	Age	Sex	Type of Specimens Sent*						
						Serum	Plas	WB	SST	EDTA	Blue	Urine
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

*Serum/SST = Chem; Plas (Plasma)/Blue = Coagulation (frozen); EDTA/WB = Whole Bld/ Hematology (min. 500 ul)-refr/ not frozen; Urine = Urinalysis (min.3.0 cc)

QCL Use Only		
Received By/Date _____ / _____	Time: _____	Courier Info: _____
Comments: _____		