

Sample Submission Form for Ophidian Paramyxovirus Testing

Sampling Date: _____

Contact Name: _____

Phone number: _____ Fax number: _____

Billing address of investigator submitting sample:

Samples:

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

Please ship samples overnight priority mail to:

April Childress
University of Florida
2015 SW 16th Ave
Building 1017 Room V2-238
Gainesville, FL 32608
Phone 352-392-4700 ext 5775
Fax 352-392-5464