ZELABS
ZOONOTIC EXPOSURE LABORATORY
A Division of VRL Laboratories

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FOR VRL OFFICE USE ONLY

SAMPLE SUBMISSION FORM

Email Completed form to: clientservices@ZELabs.com
Send a Copy with the Sample Shipment

Physician:

Business Name:

Address:

Phone:

Fax:

Email:

Email:

Patient Name:

# of Samples

Date Shipped:

P.O. / Reference Number: (Required):

Billing Contact:

Address:

Phone:

Fax:

Name on Credit Card:

Card Number:

Expiration / CVV:

SAMPLE OR ANIMAL ID	Order Code	Collection Date	Species	**Sample Description**: Serum, Buccal Swab, Wound Swab, Lesion Swab, Eye Swab (Left or Right)