



National B Virus Resource Center  
Viral Immunology Center  
Georgia State University  
161 Jesse Hill Jr. Drive  
Atlanta, GA 30303



Please fill out completely and include with shipment.

**Acrobat writer** user can fill out, **save**, and **email** the form / **Acrobat reader (higher than 5)** user can fill out, **print**, and **fax** the form.

1. Institution/Company name:

2. Mailing Address:

City:

State:

Zip:

3. Billing Address:

City:

State:

Zip:

4. Purchase Order Number:

5. Billing Information

a) Credit Card:  No  Yes: If Yes, please go to our store, National B Virus Resource Center at [https://secure.touchnet.com/C20797\\_ustores/web/store\\_main.jsp?STOREID=57](https://secure.touchnet.com/C20797_ustores/web/store_main.jsp?STOREID=57), after receiving your invoice, in order to submit your payment.

b) other:

6. Testing Requested by: \*

7. Phone:

8. Emergency Phone:

9. Send results to #2 address  if not use a textbox below 10. Phone:

11. Emergency Phone:

12. FAX#:  13. Emergency Pager #:  14. email:

Special Instructions:

**Human Sample Information:** Mark tubes clearly.

15. Name or ID:

16. Test Purpose:

17. Injury Type:

18. Injury Date:

19. Injury related Primate's ID:

20. Species:

21. Serum?  Yes  No

22. Total serum tubes:

23. Collection date(s):

24. Virology?  Yes  No

25. Total virology tubes:

26. Collection date:

27. Sites:  Wound  Buccal

Right eye  Left eye

Biopsy

Special Instructions:

**Primate Sample Information:** Mark tubes clearly

28. Name or ID:

29. Species:

30. Test Purpose:

31. Injury Type:

32. Injury Date:

33. Injury related Human's ID:

34. Serum?  Yes  No

35. Total serum tubes:

36. Collection date(s):

37. Virology?  Yes  No

38. Total virology tubes:

39. Collection date:

40. Sites:  Buccal  Right eye

Left eye  Genital

Lesion

Special Instructions:

**A.** If you have any problems or questions regarding sample collections or shipment, please contact our laboratory.

**B.** Please contact our laboratory prior to shipping so we can schedule your samples for testing

**C.** Phone: 404-413-6550 Fax: 404-413-6556 email: [bvirus@gsu.edu](mailto:bvirus@gsu.edu)

**\* Human testing should be requested by a physician.**

**FOR BV LABORATORY USE ONLY**

Institution Code: \_\_\_\_\_ Condition: \_\_\_\_\_ Case#: \_\_\_\_\_ Total samples: \_\_\_\_\_

Rec'd Date: \_\_\_\_\_ Priority: \_\_\_\_\_ Acc.#: \_\_\_\_\_

Rec'd Time: \_\_\_\_\_ Tech: \_\_\_\_\_ / Does tube info match Paperwork? Yes No (03/04)

**National B Virus Resource Laboratory**  
**Batch Testing Submission List**

	Animal ID	Collection Date (m/d/yyyy)	Species
1			
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