Sample Submission Form for Ophidian Paramyxovirus Testing

Sampling Date:__________________________________________________

Contact Name:___________________________________________________________

Phone Number:____________________  Fax/Email:______________________________

Billing Address of Investigator Submitting Sample:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Samples:

<table>
<thead>
<tr>
<th>ID #/Name</th>
<th>Species</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

Please ship samples priority overnight to:
April Childress
University of Florida, CVM
2015 SW 16th Ave
Building 1017, Room V2-186
Gainesville, FL 32608
Phone: 352-294-4420
Fax: 352-392-5464