Contact No.

ICLAS Monitoring Center Microbiological Testing Request Form

Date of request (YY / MM / DD):　　Date of arrival of sample (YY / MM / DD):

Name of institution making request:

Name of person making request:

Address: 〒

TEL:　　FAX:

Enter the necessary items and encircle the relevant items.

Number of samples:　　samples

Animal species:　mouse　rat　hamster　rabbit　guinea pig　other(　　)

Type of sample:　animal　serum　feces　organ　culture medium　swab　other(　　)

Strain name:　　Gender:　　Age in weeks:　　weeks old

Presence / absence of individual ID:　Present　/　Absent

※ When there is an individual ID, please enter it in the Remarks column.
When there are more than one individual IDs, please enter on an attached sheet "Table of individual IDs."

Presence / absence of genetic recombinant:　Present　/　Absent

※ When a genetic recombinant animal test is performed, it is necessary to complete a separate form "Request for receipt of genetic recombinant animal for microbiological or genetic testing."

Case when sample is serum

Presence / absence of dilution:　Present　(　　) -fold dilution　/　Absent

Presence / absence of inactivation:　Present　/　Absent

Test items (encircle requested tests)　↓

Immunocompetent animal core set		
Immunodeficient animal core set		
Set items	Culture I set	
	Culture II set	
	Culture III set	
	Culture IV set	
	Serology I set	
	Serology II set	
	Serology III set	
	Microscopy I set	
	Microscopy II set	
	PCR Hh	
	PCR Hb	
All guinea pig items		
Rabbit basic items		
All hamster items		

When tests other than the set tests are requested, please enter in the following section.

Test item (other)	Method ※

※ Please enter which test method (culture, serum, microscopy, PCR) should be used.

Note

Central Institute for Experimental Animals　ICLAS Monitoring Center　TEL : 044-201-8525　FAX : 044-201-8526