

To be completed at Charles River

LTM Order Number:

Date Received:



### Microbiome Culture Submission Form

Use this form for microbiome culture submissions. For standard microbiological testing, please use the [Microbiology Submission Form](#).

LTM Customer ID#\*

New customers, write NEW in this field. Existing customers can find their LTM customer ID# in the header of result reports from previous submissions. Need help? Contact [LabServices@crl.com](mailto:LabServices@crl.com).

Customer Information \* = required

Bill To Information  Same as Customer

Payment information required at the time of submission.

Institution\* \_\_\_\_\_

Institution\* \_\_\_\_\_

Pay by PO

Address 1\* \_\_\_\_\_

Address 1\* \_\_\_\_\_

PO # \_\_\_\_\_

Address 2 \_\_\_\_\_

Address 2 \_\_\_\_\_

Pay by Credit Card (CC)

City\* \_\_\_\_\_

City\* \_\_\_\_\_

Contact \_\_\_\_\_

State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Phone \_\_\_\_\_

Contact\* \_\_\_\_\_

Contact\* \_\_\_\_\_

To pay with a CC on file, indicate the last four (4) digits and expiration date. For CC security, do not write the full CC number.

Phone\* \_\_\_\_\_

Phone\* \_\_\_\_\_

CC Last 4 Digits \_\_\_\_\_

Email\* \_\_\_\_\_

Email\* \_\_\_\_\_

CC Exp Date \_\_\_\_\_

### Sample Information

To the best of my knowledge these samples and/or specimens do not contain any infectious agent or material which might pose a threat to human health. If this is not the case, please contact Charles River before sending samples.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**IMPORTANT:** Please see page 2 for appropriate swab type and shipping instructions for service(s) requested.

Total Number of Samples: \_\_\_\_\_

Species (mice only): \_\_\_\_\_

Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_

Sample Number	Sample ID	Quantity of Samples	Sample Type	Service Requested
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PLEASE NOTE: If you generate summarized health reports from LTM, orders must be created directly in LTM for your samples to be associated with specific colonies. If you have questions or need help getting started, please contact [LTM@crl.com](mailto:LTM@crl.com).

Notes: \_\_\_\_\_

Instructions to lab: \_\_\_\_\_

# Shipping Instructions



Questions? [LabServices@crl.com](mailto:LabServices@crl.com) [www.criver.com/info/dx](http://www.criver.com/info/dx)

## **Sample Specifications:**

Samples should be shipped overnight on cold packs--do not freeze. Please use appropriate shipping materials and never use glass containers. Samples must be cultured within 24 hours of collection to be viable.

### **Anaerobic Culture:**

Swab submission: please swab in an anaerobic chamber (if this is not possible, consider submitting live animals to the lab for culturing).

<b>Service</b>	<b>Swab Type (preferred)</b>	<b>Swab Type (also acceptable)</b>
<b>Aerobic culture</b>	Amies Swab	E Swab
<b>Anaerobic culture</b>	E Swab	--
<b>Wet mount</b>	E Swab	--

Fecal submission: hold anaerobic transport tube under animal and catch one fresh fecal pellet (directly from the animal) per animal; please pool four fecal pellets in one tube.

## **Sample Submission:**

Place a copy of page 1 of this form in the appropriate shipping container with your samples. Please ship following International Air Transport Association (IATA) guidelines; visit [www.criver.com/shippingmaterials](http://www.criver.com/shippingmaterials) to request free sample collection and shipping materials online.

Submit your samples to Charles River:

**Charles River  
RADS  
Microbiology Lab  
261 Ballardvale Street  
Wilmington, MA 01887  
USA**