



9610 MEDICAL CENTER DRIVE, SUITE 332
ROCKVILLE, MD 20850
Phone 800-804-3586

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EMAIL US AT Ryan.Walters@VRL.net

User-ID: jdaniels

ELECTRONIC SIGNATURE: James Daniels

*** NOTES:

1) ABBREVIATIONS:

Ab : Antibody
DIA : Dot Immuno Assay
ELISA : Enzyme-Linked Immunosorbent Assay
IFA : Indirect Immunofluorescence Assay
OD : Optical Density
PCR : Polymerase Chain Reaction
WB : Western Blotting
QNS : Quality Not Sufficient

2) THE TEST RESULTS REPORTED BELOW ONLY REFLECT THE STATUS OF THE SPECIMEN AT THE TIME
IT WAS RECEIVED BY OUR LABORATORY. THE RESULTS DO NOT GUARANTEE OR IMPLY AS TO THE
HEALTH STATUS OF THE ANIMAL.

LABORATORY DIRECTOR: ARLENE LEON, Ph.D.



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 * FINAL *

M096
 Requesting UNIVERSITY OF SOUTH CAROLINA ARF
 Facility: 631 SUMTER STREET
 GSRC 102
 COLUMBIA, SC 29208

Batch Nbr: 150311-113340

Species: PEROMYSCUS
 Accessions: 15002305md - 15002324md
 Requested By: PAM RUDD
 Purchase Order:
 Special Instructions: CALL FOR CC AUTHORIZATION

Date Received: 03/11/2015

Date Report Generated: 03/13/2015 14:45

**** IMMUNOLOGY

TESTING *** RESULTS ***
 METHOD (#Tested #Positive #Pending #QNS)

Pathogen Monitored

| Pathogen Monitored | METHOD | #Tested | #Positive | #Pending | #QNS |
|----------------------|--------|---------|-----------|----------|------|
| ROTAVIRUS/EDIM | ELISA | 20 | 0 | 0 | 0 |
| THEILER'S ENCEPHALOM | ELISA | 20 | 0 | 0 | 0 |
| MOUSE HEPATITIS | ELISA | 20 | 0 | 0 | 0 |
| MOUSE MINUTE VIRUS | ELISA | 20 | 0 | 0 | 0 |
| MYCOPLASMA PULMONIS | ELISA | 20 | 0 | 0 | 0 |
| MOUSE PARVOVIRUS | ELISA | 20 | 0 | 0 | 0 |
| PNEUMONIA VIRUS MOUS | ELISA | 20 | 0 | 0 | 0 |
| SENDAI VIRUS | ELISA | 20 | 0 | 0 | 0 |
| CARB | ELISA | 20 | 0 | 0 | 0 |
| LCMV | ELISA | 20 | 0 | 0 | 0 |
| ECTROMELIA VIRUS | ELISA | 20 | 0 | 0 | 0 |
| MOUSE ADENOVIRUS 1 | ELISA | 20 | 0 | 0 | 0 |
| MOUSE ADENOVIRUS 2 | IFA | 20 | 0 | 0 | 0 |
| MURINE CMV | IFA | 20 | 0 | 0 | 0 |
| POLYOMA VIRUS | ELISA | 20 | 0 | 0 | 0 |
| REOVIRUS 1,2,3 | ELISA | 20 | 0 | 0 | 0 |

Notes (Positives): *** NONE ***

THIS REPORT COVERS THE FOLLOWING CLIENT IDS:

1::2::3::4::5::6::7::8::9::10::11::12::13::14::15::16::17::18::19::20

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VRLlabs Accession Nbr:
Client Specimen I.D.:

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TEST REQUESTED

RESULTS

REFERENCE RANGE/NOTES

**** END OF REPORT ****

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