



401 PROFESSIONAL DR SUITE 210  
GAITHERSBURG, MD 20879  
Phone 800-804-3586

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User-ID: csyriac

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

Batch Nbr: 160519-104718

Species: PEROMYSCUS  
 Accessions: 16003749md - 16003762md  
 Requested By: PAM RUDD  
 Purchase Order:  
 Special Instructions:

Date Received: 05/18/2016

Date Report Generated: 05/20/2016 15:50

\*\*\*\* IMMUNOLOGY

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

Pathogen Monitored

Pathogen Monitored	METHOD	#Tested	#Positive	#Pending	#QNS
ROTAVIRUS/EDIM	ELISA	14	0	0	0
THEILER'S ENCEPHALOM	ELISA	14	0	0	0
MOUSE HEPATITIS	ELISA	14	0	0	0
MOUSE MINUTE VIRUS	ELISA	14	0	0	0
MYCOPLASMA PULMONIS	ELISA	14	0	0	0
MOUSE PARVOVIRUS	ELISA	14	0	0	0
PNEUMONIA VIRUS MOUS	ELISA	14	0	0	0
SENDAI VIRUS	ELISA	14	0	0	0
CARB	ELISA	14	0	0	0
LCMV	ELISA	14	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

\*\*\*\* END OF REPORT \*\*\*\*

LABORATORY DIRECTOR: ARLENE LEON, Ph.D.