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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: 161110-154751

Species: MOUSE  
 Accessions: 16016790md - 16016804md  
 Requested By: PAMELA RUDD  
 Purchase Order:  
 Special Instructions:

Date Received: 11/10/2016

Date Report Generated: 11/11/2016 13:58

\*\*\*\* IMMUNOLOGY

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

Pathogen Monitored

Pathogen Monitored	TESTING METHOD	#Tested	#Positive	#Pending	#QNS
ROTAVIRUS/EDIM	ELISA	15	0	0	0
THEILER'S ENCEPHALOM	ELISA	15	0	0	0
MOUSE HEPATITIS	ELISA	15	0	0	0
MOUSE MINUTE VIRUS	ELISA	15	0	0	0
MYCOPLASMA PULMONIS	ELISA	15	0	0	0
MOUSE PARVOVIRUS	ELISA	15	0	0	0
PNEUMONIA VIRUS MOUS	ELISA	15	0	0	0
SENDAI VIRUS	ELISA	15	0	0	0
CARB	ELISA	15	0	0	0
LCMV	ELISA	15	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

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

LABORATORY DIRECTOR: ARLENE LEON, Ph.D.