



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

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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 *

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

Batch Nbr: 160907-145703

Species: PEROMYSCUS
 Accessions: 16012311md - 16012325md
 Requested By: PAMELA D. RUDD
 Purchase Order:
 Special Instructions:

Date Received: 09/07/2016

Date Report Generated: 09/09/2016 15:36

**** IMMUNOLOGY

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

Pathogen Monitored

| Pathogen Monitored | 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 |
| ECTROMELIA VIRUS | ELISA | 15 | 0 | 0 | 0 |
| MAD-1 (MAV-FL) | ELISA | 15 | 0 | 0 | 0 |
| MOUSE ADENOVIRUS 2 | ELISA | 15 | 0 | 0 | 0 |
| MURINE CMV | IFA | 15 | 0 | 0 | 0 |
| POLYOMA VIRUS | ELISA | 15 | 0 | 0 | 0 |
| REOVIRUS 1,2,3 | 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

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M096
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COLUMBIA, SC 29208

VRLlabs Accession Nbr:
Client Specimen I.D.:

Species: PEROMYSCUS
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TEST REQUESTED

RESULTS

REFERENCE RANGE/NOTES

**** END OF REPORT ****

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