Blue text on a black background

Description automatically generated**RING TEST FOR SHRIMP DISEASE DIAGNOSTIC LABORATORIES**

Please fill this form completely and return it to: ACBS-aquapath-pt@arizona.edu

|  |  |  |
| --- | --- | --- |
| **I wish to participate in the:** □ February Ring Test (PCR) □ August Ring Test (PCR)  □ February Ring Test (Histology) □ August Ring Test (Histology) | | |
| **INVOICING INFORMATION** | | |
| Contact Name: | Phone(required): | |
| Company/Laboratory name: |  | |
| E-mail address (required): |  | |
| Mailing address: |  | |
| Method of Payment | □ Credit card (3.5% Fee) □ Wire transfer ($30.00) □ Check/ACH | |
| Optional: RFC# or Tax ID# |  | |
| **SAMPLE SHIPPING INFORMATION-** **Please provide us with all necessary permits/documents needed for customs. Note – if these do not accompany shipment this could cause customs delays.**  **Receiver is responsible for all duties and taxes charged by their country upon receipt of shipment.** | | |
| Contact name: | Phone(required): | |
| Company/Laboratory name: |  | |
| E-mail address (required): |  | |
| Shipping Address:  Postal Code (Required) |  | |
| **Fed Ex account:** | **DHL account: None (Invoice for Shipping)** | |
| **FINAL REPORT INFORMATION (REQUIRED)** | **You will receive an electronic copy or your results addressed only to the contacts listed below. If you have requested a physical copy, it will also be sent to the contact information below.** | |
| Contact name: | | Phone: |
| Company/Laboratory name: |  | |
| E-mail address(required): |  | |
| Mailing address:  Postal Code (Required) |  | |
| **Would you like to receive a physical copy of your report? (Required):** □ Yes­­­ □ No | | |