**RING TEST FOR SHRIMP DISEASE DIAGNOSTIC LABORATORIES**

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

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| --- |
| **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 |