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OMB Approved
0579-0430
Exp. 02/2025

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
NATIONAL VETERINARY SERVICES LABORATORIES (NVSL)
P.O. BOX 844, 1920 DAYTON AVENUE, AMES, IA 50010
PHONE: 515-337-6200 FAX: 833-327-0497
EMAIL: nvsl_concerns@usda.gov

REQUEST FOR REAGENTS OR SUPPLIES

| | | | | |
|---|-------------|-----------------------|--|--|
| 1. Ship To (<i>Business Name and Name of Individual Contact</i>): | | 2. NVSL Submitter ID: | 3. Bill To: <input type="checkbox"/> Check if same as Block 1 (<i>Ship To</i>) | |
| Email Address: | | Email Address: | | |
| Phone Number: | Fax Number: | Phone Number: | Fax Number: | |
| Shipping Address (<i>Street, City, State, ZIP Code</i>): | | | Billing Address: | |

4. Payment Method

| | | |
|---|---|--|
| <input type="checkbox"/> User Fee Account Number: | <input type="checkbox"/> Check/Money Order Number: <i>(Enclosed, payable to USDA in United States dollars)</i> | <input type="checkbox"/> Credit Card Number: Expiration Date: |
|---|---|--|

5. Reagents and Supplies Requested (*See instructions. Limit to 10 items per form.*)

| Reagent Code Number | Reagent or Item Name | Qty. | Remarks |
|---------------------|----------------------|------|---------|
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|--|-------------------------|-------|---------------------------------------|
| 6. Printed Name of Requestor: | Signature of Requestor: | Date: | NVSL USE ONLY ORDER NUMBER |
| 7. Phone Number of Requestor (<i>If not provided in Block 1 or 3</i>): | 8. Date of Request: | | |

VS FORM 4-9 INSTRUCTIONS

Complete the form according to the following instructions. **Incomplete or incorrectly completed forms will delay shipment and may result in errors. Print legibly or type all information.**

Orders are accepted via mail, fax, or email. Do not submit the same order via more than one method or it will be duplicated.

1. The name of a contact person and a complete shipping address is required. Do not use P.O. Box numbers. A phone number is required. No orders will be shipped unless a telephone number is provided. Provide a fax number and/or email address, if available.
2. If you have previously ordered reagents or supplies from the NVSL, you will have been assigned a NVSL identification number; this is the number to enter in block number 2. If you are a new customer, NVSL will assign an identification number when this order form is received.
3. If the billing address is the same as the shipping address, check the box to indicate this. Otherwise, provide the name of a contact person for billing, a complete billing address, phone number, and fax number and/or email address, if available.
4. Prepayment is required unless the requested items are to be billed to a user fee account number. If services are to be billed to a user fee account, be sure to include the 7-digit account number in the applicable space provided. Prepayment may be in the form of check, money order, or credit card. Make check or money order payable to "USDA" in United States dollars and attach it to this form. If paying by credit card, include the account number and expiration date. See the [User Fee page](#) on the NVSL Web site or contact NVSL for a list of currently accepted credit cards.
5. A catalog of available reagents and supplies is posted in the [NVSL Reagent Manual](#).

The Reagents and Supplies Requested section must include the reagent code number (obtained from the catalog), reagent or item name, and the quantity requested. Additional comments may be recorded in the Remarks section.

6. The name of the person (print or type) authorizing the request **and** his/her signature must be included with the date signed.
7. If the telephone number of the person authorizing the request is different from the telephone number of the contact person, complete this section.
8. Add the date of the request.

If you are requesting a live pathogen, be sure to include a copy of your valid USDA veterinary permit with your request.