

**Veterinary Diagnostic Laboratory**

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**CONTACT INFORMATION:**

Name: \_\_\_\_\_

Institution or Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**RESEARCH OUTLINE**

Please briefly describe your research project, anticipated time the samples will be ready for analysis, the types of samples you would like to submit for analysis, and the compound(s) of interest you would like to detect in your samples

Return completed form to [acs-research@iastate.edu](mailto:acs-research@iastate.edu)