

# Accession Form

## Sterility and Bacteria Diagnostic Service



Page 1/2

Customer		Purchase Details	
Name of sender:		Administrator:	
Institute / Company:		Invoice department:	
Department:		Invoice address:	
Shipment address:		Zip / City:	
Zip / City:		Country:	
Country:		e-mail address:	
e-mail address:		Phone number:	
Phone number:		VAT:	
Fax number:		Your Order:	
Other contact person:		Your customer N° (if known)	
e-mail address:		Your P.O. N° (if required)	

**Please Note:** Only biological sample material classified laboratory containment level 1 or 2 can be accepted. The offered detection service is for quality control purposes only, not for clinical diagnosis. **No samples are accepted unless Minerva Analytix receives this signed form.**

**Sample preparation for direct testing:** Sample should be taken under sterile conditions. Elimination of antibiotics is not necessary. At least 650 µl of sample should be submitted from cultures which are at 90% confluence to avoid PCR inhibition. In the event of PCR inhibition a DNA extraction with extra charge applies. Note for direct testing (Prime): In the event of PCR inhibition a DNA extraction with extra charge applies.

☐ **Heat-inactivated.** Samples are heated prior shipment at 95 °C for 10 minutes in a sterile reaction tube to prevent DNA degradation and false negative results. The so treated material is stable for up to 5 days at room temperature. This option is for e.g. cell culture supernatants and low protein samples ( $\leq 10$  mg/ml). **Option for: Bacteria.**

☐ **Native.** Ship native samples with cool packs or on dry ice. Use overnight services. Label all tubes and containers properly. Enclose with all samples a completed copy of this form sheet. Package your samples in a secondary packaging (e.g. put sample tubes into a zipper bag or 50 ml tube) and protect them from crushing. This option is for e.g. high protein contents or vital testing (10-20 mg/ml). **Option for: BactPrime/BactEP/FungiEP.**

If you are unsure on your preferred mode of sample submission contact us for further information.

I would like to receive my results as following: ☐ E-mail and regular mail ☐ Fax

--

I accept the general terms and conditions		To be filled out by Minerva Analytix	
Name:		Registration No:	
Signature:		Time of registration:	
Date: __/__/____		Date of registration: __/__/____	

N <sup>o</sup>	Sample Code	Volume in ml	Date sample preparation	Bacteria Heat- inactivated	BactPrime Native	BactEP Native	FungiEP Native
				41-1002	41-10xx	41-10xx	41-10xx
					≥ 650 µl		
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If positive, specification of bacteria/funghi: Yes ☐ Order No 41-3002  
No ☐

Please ship your samples to the address below

**Minerva Analytix GmbH**

Köpenicker Str. 325  
D-12555 Berlin  
Germany

© 2017 Minerva Analytix GmbH / F4.5-01.v2EN

info@minerva-analytix.com

www.minerva-analytix.com