

Accession Form Mycoplasma Testing Service



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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: e-mail address:		Your customer N° (if known)	
		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 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.

My samples are:

Validated (Validation No / Name)

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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 (≤ 10 mg/ml). **Option for: Prime/Intego.**

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: VitalAmp (including cell culture enrichment)/Intego/MaxVolume.**

If you are unsure on your preferred mode of sample submission contact us for further information (info@minerva-analytix.com) or visit our webpage www.minerva-analytix.com.

I would like to receive my results as following:

E-mail and regular mail

Fax

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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 ^o	Sample Code	Volume ml	Date sample preparation	Prime	Intego	MaxVolume	VitalAmp
				Heat-inactivated	Heat-inactivated or Native	Native	Native
				41-1011	41-1012	41-1013	41-1014
				≥650 µl	≥650 µl	Up to 18 ml	Up to 100 ml
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 mycoplasma: Yes <input type="checkbox"/> Order No 41-3001 No <input type="checkbox"/>			

Please ship your samples to the address below

Minerva Analytix GmbH

Ladestraße 6
D-15834 Rangsdorf
Germany

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info@minerva-analytix.com

www.minerva-analytix.com