

Accession Form SMRV Virus 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 ^o (if known)	
		Your P.O. N ^o (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 SMRV Screen (First Test): For suspension cells please spin 1.5 ml of homogenised cell culture at 500 x g for 5 min and resuspend the pellet in 650 µl of supernatant. For adherent cells scrape cells manually from the plate and resuspend in 650 µl. Samples should be derived from cultures which are at 95 - 100% confluence. Samples are preserved for shipment at room temperature by heating at 95 °C for 10 minutes in a sterile centrifuge tube (e.g. 1.5 ml centrifuge tube). Label the tubes properly. Enclose with all samples a completed copy of this form sheet. Package your samples to protect them from crushing. The SMRV diagnostic service requires an obligatory DNA extraction which is included in the service fee.

Sample preparation for direct detection (only on request by Minerva Analytix and if the first PCR (A) was positive): Collect 650 µl of cells and cell culture supernatant under sterile conditions. Use 1.5 ml reaction tubes or tubes with screw caps. Elimination of antibiotics is not necessary. Label the tubes properly. Enclose with all samples a completed copy of this form sheet. 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.

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 ^o	Sample Code	Validation-No (n.a. if not validated)	Type e.g. culture supernatant, cryo	Date sample preparation	SMRV Screen	SMRV Direct Test
					Inactivated ≥ 650 µl	Native ≥ 650 µl
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>
8					<input type="checkbox"/>	<input type="checkbox"/>
9					<input type="checkbox"/>	<input type="checkbox"/>
10					<input type="checkbox"/>	<input type="checkbox"/>
11					<input type="checkbox"/>	<input type="checkbox"/>
12					<input type="checkbox"/>	<input type="checkbox"/>
13					<input type="checkbox"/>	<input type="checkbox"/>
14					<input type="checkbox"/>	<input type="checkbox"/>
15					<input type="checkbox"/>	<input type="checkbox"/>
16					<input type="checkbox"/>	<input type="checkbox"/>
17					<input type="checkbox"/>	<input type="checkbox"/>
18					<input type="checkbox"/>	<input type="checkbox"/>
19					<input type="checkbox"/>	<input type="checkbox"/>
20					<input type="checkbox"/>	<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