

# Accession Form Corona 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:		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. Attention: We usually do not test clinical samples! Due to the current situation and in order to meet any capacity bottlenecks we offer testing for Corona / SARS / Covid19 in urgent cases after coordination with the respective local health authorities or the RKI. Please contact us for further information. **No samples are accepted unless Minerva Analytix receives this signed form.**

**Sample preparation:** In the case of smears, please note that suitable swabs are used for virus detection ("virus swabs" with the appropriate transport medium or, if necessary, dry swabs with a small amount of NaCl solution; no agar swabs). Follow RKI and/or WHO guidelines for sample preparation ([www.rki.de/covid-19-diagnostik](http://www.rki.de/covid-19-diagnostik)).

**Transport:** All samples should reach the laboratory as soon as possible after collection. If this is expected to take place within 72 hours, the sample can be stored at 4 °C and, if possible, shipped refrigerated. Use overnight or express services. Label the tubes properly. Enclose with all samples a completed copy of this form sheet. 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 zipper bags) and protect them from crushing.

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°	Sample Code	Validation-N° (N/A if not validated)	Date sample preparation, type	SARS-CoV (Screen)	SARS-CoV-2 (Direct)
				41-1008	41-1009
				Suitable samples: Swabs / Smears, Lavage, Sputum	
1		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>
16		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>
17		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>
18		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>
19		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>
20		<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>

Please ship your samples to the address below

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 D-15834 Rangsdorf  
 Germany

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