

Accession Form Endotoxin 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 Endotoxin testing (BactToxins EP): Sample should be taken under sterile conditions. Harsh conditions may interfere with LAL Testing, please indicate below. At least 1000 µl of sample should be submitted from cultures which are at max. 90 % confluence to avoid inhibition. In the event of inhibition additional dilutions / sample treatment are required and extra charge applies. 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 to protect them from crushing. Use of de-pyrogenated glass or specifically labelled "Endotoxin compatible plastic" is mandatory for correct measurement. Additional information might be required for MVD calculation.

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: __/__/____	
		<input type="checkbox"/> Orienting Measurement	

Component	Max. Conc*	Contains	Component	Max Conc*	Contains
NaCl	1 M	<input type="checkbox"/>	Zwittergent 3-14	0.02%	<input type="checkbox"/>
KCl	1 M	<input type="checkbox"/>	Tween 20	2%	<input type="checkbox"/>
Harnstoff	6 M	<input type="checkbox"/>	Triton X-100	0.02%	<input type="checkbox"/>
Guanidiniumchlorid	1 M	<input type="checkbox"/>	EDTA (pH 8.0)	0.4 mM	<input type="checkbox"/>
Methanol	20%	<input type="checkbox"/>	Citrat (pH7.5)	10 mM	<input type="checkbox"/>
Ethanol	30%	<input type="checkbox"/>	Benzamidine	100 mM	<input type="checkbox"/>
Isopropanol	20%	<input type="checkbox"/>	PMSF	5 mM	<input type="checkbox"/>
DMSO	10%	<input type="checkbox"/>	Rifampicin	3.5 mg/ml	<input type="checkbox"/>
SDS	0.05%	<input type="checkbox"/>	Chloramphenicol	3.5 mg/ml	<input type="checkbox"/>
CTAB	0.004%	<input type="checkbox"/>	Other (please specify) ¹		<input type="checkbox"/>
Other (please specify) ¹		<input type="checkbox"/>	Other (please specify) ¹		<input type="checkbox"/>

¹Only Major components

*for undiluted measurements

N ^o	Sample Code	Validation- No <small>(n.a. if not validated)</small>	Volume in ml	Type <small>e.g. culture supernatant, cryo</small>	Date sample preparation	BactTox EP	BactTox REC EP
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"/>

Please ship your samples to the address below

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D-15834 Rangsdorf
Germany

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