

Report Form

Detection of Mycoplasma by PCR and other nucleic acid amplification techniques (NAT)

October 2011

Return report form to: Minerva Biolabs GmbH, Attn. Dr. Dirk Vollenbroich, Fax: +49 30 2000 4379

Return report form not later than: 16.11.2011

Sample ID	Lot	Results			Observations/Sample Preparation		Comments
		Above Detection Limit = positive	Below Detection Limit = negative	Questionable	Inhibited	DNA extracted	
Sample 1	RM1101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sample 2	RM2101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sample 3	RM6101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sample 4	RM4101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sample 5	RM5101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Method applied	In house	Commercial Test	manufacturer and kit name / test method	Extraction Kit (if applied) sample volume / elution volume	
PCR	<input type="checkbox"/>	<input type="checkbox"/>		Sample volume used for PCR	
Nested PCR	<input type="checkbox"/>	<input type="checkbox"/>		Target gene	
qPCR	<input type="checkbox"/>	<input type="checkbox"/>		Cycler model (manufacturer, type)	
Other test	<input type="checkbox"/>	<input type="checkbox"/>		Comments (if required)	

I hereby declare that the analyses were performed either by myself or a co-worker in my own laboratory under routine conditions.

Date _____

Signature _____

Stamp _____