

Accession Form Aqua Screen[®] Service

Service Order: water analysis for Legionella by PCR

Name: _____

Institute/Company: _____

Address: _____

City, Postal Code: _____

Phone: _____

Fax: _____

Customer No.: _____

(if known)

Purchase Order No.: _____

(if required)



Minerva Biolabs GmbH

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<i>completed by Minerva Biolabs:</i> Zugangsnummer: _____ Eingangsdatum: _____ o. B.	Eingangsprüfung: Korr <input type="checkbox"/>
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Please Note: Minerva Biolabs accepts sample materials classified under Bio-Hazard Safety Level 1 or 2, according to the German BiostoffV regulations. Water samples suspected of Legionella or other common water pathogens are typically assigned to this classification. Samples are accepted only with this completed and signed Accession Form.

Sample Collection: At least 100 ml of the water sample should be collected in a clean container directly from the water source without the use of additional tubing or hoses. A sterilization of the outlet is not necessary. The sample can be collected from the initial water-output directly from the water source (recommendation of public health authorities) or it can be sampled from a collection of 5-10 litres of water drained from the water source (in accordance with DVGW: German Association of Gas and Water Works). The testing of cold water is meaningful only with a water temperature of more than 25 °C.

Sample Shipment: Send the water sample in a shatterproof container at ambient temperature together with this form to the address specified below. The DNA extract can be likewise dispatched at ambient temperatures following heat treatment (10 min. at 95 °C).

Purpose of water testing:

periodic testing	
testing following decontamination	

Aqua Screen[®] Service is requested for the following samples:

No.	Sample Type <i>please select</i>		Collection Parameters		Test Parameters <i>please select</i>		
	water	DNA-extract	location, source and water type	Temp. (°C)	L. pneumophila	Legionella ssp.	L. pneumophila + ssp.
1							
2							
3							
4							
5							
6							

Minerva Biolabs GmbH
Köpenicker Str. 325
D-12555 Berlin
Germany

Authorization:

Date	Name (please print)
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Signature _____