

Accession Form Mycoplasma/Eubacteria Diagnostic Service



Minerva Biolabs GmbH

Köpenicker Str. 325, Haus 12
D-12555 Berlin

Telefon + 49 (0)30 2000 437 -0
Telefax +49 (0)30 2000 437 -9
info@minerva-biolabs.com
www.minerva-biolabs.com

Name: _____
 Institute/Company: _____
 Address: _____

 Phone: _____
 Fax: _____
 Your customer No.: _____
 (if known)
 Your P.O. No.: _____
 (if required)

completed by Minerva Biolabs: Zugangsnummer: _____ Eingangsdatum: _____	Probe(n) i.O. eingegangen: ja <input type="checkbox"/> nein <input type="checkbox"/>
--	---

Please Note: Minerva Biolabs only accepts biological sample material classified laboratory containment level 1 or 2 (L1, L2) according to the regulations of the German BiostoffV. The offered detection service is for quality control and research purposes only. The service is not to be used for clinical diagnosis or applications involving humans. **No samples are accepted unless Minerva Biolabs receives this signed form.**

Sample preparation: 500 µl of sample is required of analysis and should be taken under sterile conditions. Elimination of antibiotics is not necessary. Samples should be derived from cultures which are at 90 % confluence. In the event of PCR inhibition a DNA extraction of extra charge might be required. For the Eubacteria diagnostic service DNA extraction is obligatory and included in the charge. Samples are prepared by boiling at 95 °C for 10 minutes in a sterile centrifuge tube (e.g. 1.5 ml centrifuge tube). The heat-treated sample material is stable for up to 5 days at room temperature. Label the tubes properly. Enclose with all samples a completed copy of this form sheet. Package your samples to protect them from crushing.

Please accept our order for the PCR testing of the following samples

No.	Sample Code	Type <small>e.g. culture supernatant</small>	Preparation Date	Please mark!	
				PCR - Detection of Mycoplasma	Eubacteria
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"/>

Minerva Biolabs GmbH

Köpenicker Str. 325
D-12555 Berlin

Germany

Date _____

Signature _____

Please ship your samples to the address given on the left hand side.