

Accession Form HIV 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:** _____

Please Note: Minerva Biolabs only accepts biological sample material classified laboratory containment level 3** 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.

No samples are accepted unless Minerva Biolabs receives this signed form.

Sample preparation: 500 μ l of sample is required of analysis and should be taken under sterile conditions. For the HIV diagnostic service RNA extraction is obligatory and included in the charge.

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 (Ch.-B.)	Type (FvS)	Preparation Date	Detection of HIV (PCR von HIV-RNA)
1				
2				

Date _____

Signature _____

Minerva Biolabs GmbH

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Germany

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