

SAMPLE SUBMISSION FORM

Mycoplasma



Address for results

Customer number for results, if known:

Organisation:.....

Department/contact name:.....

.....

Tel:

E-mail:

Address:

Country:

Billing address (if different from results)

Customer number for billing, if known:.....

Organisation:.....

Department/Finance officer:.....

.....

Tel:

E-mail:

Address:

Country:

VAT no. (EU- countries):

Results will be sent by e-mail.

Analyses (please check)

Mycoplasma testing of cell-cultures, substrates, vaccines etc.: **Direct culture and PCR** (Testcode O18)

Mycoplasma testing of cell-cultures, substrates, vaccines etc.: **PCR** (Testcode O19)

PDC info: **Do not register in PDC**

Sample date:.....

	Sample ID	Sample type
1		
2		
3		

Relevant information:.....
.....
.....

Please check the box, if further processing of the sample or personal data for other purposes than the ordered sample analysis (e.g. scientific research purposes or statistical purposes) has been limited in connection with the collection of the sample .

Please send this form together with the specimen to:
Statens Serum Institut
Bakterie PCR, Laboratorievej 55, bygning 85
Artillerivej 5
2300 Copenhagen S
DENMARK

Full payment is required by wire transfer: Remember to include the sample ID.
When ordering an analysis at SSI, you confirm that you agree to the terms set forth in our "General conditions of sales, delivery and service" as found on our webpage.