

# SAMPLE SUBMISSION FORM

## Mycoplasma

STATENS  
SERUM  
INSTITUT



### 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 send by e-mail only (please check):

### Analyses (please check)

Mycoplasma testing of cell-cultures, substrates, vaccines etc.: **Direct culture and PCR** (Testcode 018)

Mycoplasma testing of cell-cultures, substrates, vaccines etc.: **PCR** (Testcode 019)

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

Sample date: .....

	Sample ID	Sample type
1		
2		
3		

Relevant information: .....

.....

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Please send this form together with the specimen to:  
Statens Serum Institut  
Bakterie PCR, Bygn. 85  
5 Artillerivej  
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.