

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. If required, results may be send by postal service, (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.*