



Request for Mycoplasma Testing

CLG Lab Number _____

Date and Time Received _____

CULTURE INFORMATION

Cell Line Name/Identifier _____ Passage Number _____

Species _____ Cell Type _____

Specimen Type: Live Culture Other _____

Were the cells passaged at least twice in antibiotic-free media? Yes No

Date of first antibiotic-free passage? / / Media Used: _____

Was this cell line tested previously for mycoplasma? Yes No

What was the result? Positive Negative

At what passage? _____ When? _____ If at CLG what CLG#? _____

BILLING CHOICE

Account Number _____ Institution _____

Contact Person _____ PI _____

Phone _____ Fax _____ Email _____

Billing Address _____ Mailing Address _____

Method of Payment:

Send Bill

Purchase Order Number _____ Amount _____

Credit Card (circle): Mastercard or Visa Card # _____ Exp. Date _____

Name on Card _____

Julie Johnson, MS
Director of Laboratory Operations
Phone: (608)441-8163
Fax: (608) 441-8162
Email: jjohnson@clgenetics.com

Jared Finger
Lab Manager
Phone: (608)441-8164
Fax: (608) 441-8162
Email: jfinger@clgenetics.com

Please Note: If you are sending live cultures, please describe special handling precautions (biological containment precautions, presence of active virus, etc.)