

Accession Form

Vector Copy Number Testing Service



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Customer		Purchase Details	
Name of sender:		Administrator:	
Institute / Company:		Invoice department:	
Department:		Invoice address:	
Shipment address:		Zip / City:	
Zip / City:		Country:	
Country:		e-mail address:	
e-mail address:		Phone number:	
Phone number:		VAT:	
Fax number:		Your Order:	
Other contact person: e-mail address:		Your customer N ^o (if known)	
		Your PO N ^o (if required)	

Please Note: Only biological sample material classified laboratory containment level 1 or 2 can be accepted. The offered detection service is for quality control purposes only, not for clinical diagnosis. **No samples are accepted unless Minerva Analytix receives this signed form.**

My samples are:

Validated (Validation No / Name or MMF Number)

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Sample status and shipment. Sample should be taken under sterile conditions; elimination of antibiotics is not necessary. Please submit 1×10^6 cells/ml frozen, maximum Volume 1 ml. Ship native samples with cool packs or on dry ice. Use overnight services. Label all tubes and containers properly. Enclose with all samples a completed copy of this form sheet. Package your samples in a secondary packaging (e.g., put sample tubes into a zipper bag or 50 ml tube) and protect them from crushing.

If you are unsure on your preferred mode of sample submission, contact us for further information (info@minerva-analytix.com) or visit our webpage www.minerva-analytix.com.

I would like to receive my results as following: E-mail and regular mail Fax

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I accept the general terms and conditions		To be filled out by Minerva Analytix	
Name:		Registration No:	
Signature:		Time of registration:	
Date: __/__/____		Date of registration: __/__/____	
		<input type="checkbox"/> Pre-Testing	

N ^o	Sample Code	Volume in ml	Type, e.g. culture, cryo	Date of Preparation Cell Count, Transduction Rate	VCN.EP 1x10 ⁶ cells/ml 48-1003
1					<input type="checkbox"/>
2					<input type="checkbox"/>
3					<input type="checkbox"/>
4					<input type="checkbox"/>
5					<input type="checkbox"/>
6					<input type="checkbox"/>
7					<input type="checkbox"/>
8					<input type="checkbox"/>
9					<input type="checkbox"/>
10					<input type="checkbox"/>
Express testing My samples are Express samples (requires receipt till 09:00 to be processed intra-day). Please be aware: express testing is subject to additional charges					<input type="checkbox"/>
Cell counting required: Please be aware: cell counting is subject to additional charges					<input type="checkbox"/>

Please ship your samples to the address below

Minerva Analytix GmbH
 Ladestraße 6
 D-15834 Rangsdorf
 Germany

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info@minerva-analytix.com

www.minerva-analytix.com