Laragen
Sequencing & Genotyping

10601 Virginia Ave., Culver City, CA 90232
www.laragen.com; info@laragen.com
310 280 0804/800 593 6393 (phone)
310 280 0806 (fax)

Mycoplasma Detection by qPCR Request Form

(Please complete the form and include a copy with samples)

Customer Information:

Client Name: _____ Date: ____/_____/_____

PI Name: _____ Institution: _____

Address: _____ City: _____ State: ___ ZIP: _____

Phone: _____ Email: _____

Billing Information:

PO:_____ Credit Card: Visa ◯ MC ◯ AE ◯

Card No: _____ Expiration Date: ____/_____/ CSC: _____

Card Holder's Name: _____ Signature: _____

Address: _____ City: _____ State: ___ ZIP: _____

Sample Information:

☐ Cell Pellets ☐ Cell Cultures ☐ Supernatant ☐ Other(Specify)_____

Volume (ml): _____ Number of Cells _____

☐ GLP Grade Report ☐ Research Grade Report

Sample Name	Sample Type	Volume (ml)	No of Cells	Comment