

Requisition Form for Mycoplasma Testing Service

Email: genomics_atpc@rcb.res.in; Phone : 0129-2848619

For Office Use Only

Lab code _____ MR code _____
Remarks _____

User Name _____ Principal Investigator _____

Contact No. _____ Email ID _____

Name of Institute/Industry _____

Postal Address _____

Purchase Order No. _____ GST No. _____

Fee Remittance Details _____ Additional Information _____

IMPORTANT INSTRUCTIONS

1. Samples for testing could be provided as Cell culture supernatant or gDNA.
2. Samples must be cultured in the absence of antibiotics known to target Mycoplasma for days (minimum three sub-cultures or 2 weeks) to maximize detection sensitivity.
2. Samples are to be drawn from cultures that have reached 90-100% confluence.
3. Cell culture should be allowed to stand for few minutes and 500µl of supernatant should be provided as sample.
4. Older cell cultures might have accumulated substances that are inhibitory to PCR. Hence, for older cell culture samples, rather than providing culture supernatant, genomic DNA (samples should strictly be eluted in nuclease free water [not DEPC treated]/TE Buffer) isolated from culture using standard protocols is to be provided. In this case, properly labelled Gel picture, with vol of sample loaded, should be emailed.
- 5. Kindly provide your sample with completely filled sample submission form, duly signed by your PI/ Person-In-charge.**

PS: It is advised to follow SOPs for the respective procedures and the aforementioned instructions, in order to get good quality data and for better troubleshooting, if required.

Please fill in the following information below and use extra sheet in similar format for higher sample numbers (Extra sheet attached as Appendix):

Total Number of Samples _____

S.No.	Sample Name	Cell culture supernatant vol (µl)	Sample cultured in the absence of antibiotics known to target Mycoplasma for days (min. 3 sub-cultures or 2 weeks)-Yes or NO	If cell culture supernatant is provided, is it from Fresh culture sample- Yes or No	If gDNA is provided, then Extraction method; Conc (ng/µl); vol provided; 260/280 and 260/230 Ratio

Payment Details

(Payment to be done in advance through NEFT)

Bank account information for funds transfer:

Account Name Executive Director, Regional Centre for Biotechnology (ATPC)
Account No. 349301000047
Bank Name ICICI BANK, Faridabad Branch, THSTI Building
IFSC Code: ICIC0003493
MICR Code 110229278

GST No.: 06AAAAR9016J1ZG

Total Amount Paid _____ **Transaction Reference No.** _____

Date of Transaction _____ **Payment Receipt Required in Favor of** _____

Name and Signature of the Payer _____

UNDERTAKING

I/We undertake to abide by the safety rules, sample preparation guidelines and take all the precautions during study of samples towards my/our personal safety and safety of the operator and equipment. I/We submit the sample in good faith and ATPC will not be held responsible for loss/damage due to reason(s) beyond its control. I/We shall duly acknowledge the ATPC in all the publications/patents emerging out of the results from the studies at ATPC, thereafter in journals or elsewhere.

Statement for Acknowledgement–

“This research work was carried out in part at the Genomics Facility of the Advanced Technology Platform Centre (ATPC) which is managed by the Regional Centre for Biotechnology (RCB), and is funded by the Department of Biotechnology (Grant No. BT.MED-II/ATPC/BSC/01/2010), Government of India.”

Date

Signature of User

Signature of PI/Person-In-Charge

FOR OFFICE USE ONLY (ATPC FACILITY)

Date Received _____	Stored at _____
Received by _____	Signature _____
Signature of Approving Authority _____	

FOR OFFICE USE ONLY (ACCOUNTS)

Amount Received _____
Name and Signature of person-in-charge, Accounts _____

Advanced Technology Platform Centre

Regional Centre for Biotechnology, Faridabad

NCR Biotech Science Cluster, 3rd Milestone, Faridabad-Gurgaon Expressway,
 P.O Box-3, Faridabad-121001, Haryana, India

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Appendix

S.No.	Sample Name	Cell culture supernatant vol (μ l)	Sample cultured in the absence of antibiotics known to target Myco- plasma for days (min. 3 sub- cultures or 2 weeks)-Yes or NO	If cell cul- ture super- natant is provided, is it from Fresh cul- ture sample- Yes or No	If gDNA is provided, then Ex- traction method; Conc (ng/ μ l); vol provided; 260/280 and 260/230 Ratio

Signature of User

Signature of PI / Person-In-Charge