

Mycoplasma Screen Request

Your Name: _____ Date of Request: _____

Lab/PI: _____ Campus Address: _____

Phone: _____ Email: _____

MFK to Bill: _____

Number of samples to be tested: _____

*For more than 15 samples, fill out an additional sheet.

(Shaded Areas to be written in only by Staff Member performing testing)

	Sample Name	Reading A (before substrate)	Reading B (after substrate)	B/A ⁽¹⁾	Result(+/-)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
1	POSITIVE CONTROL				
2	NEGATIVE CONTROL				

Performed by: _____ Date Assayed: _____

Mycoplasma Testing Instructions: ⁽²⁾

The charge is \$35 per sample.

1. Grow cells in antibiotic-free media for at least two days.
2. Spin down the cells and remove about 1 ml of the supernatant (do not include cells) and put into 1.5 ml microfuge tube.
3. Bring samples to 116 EMRB and place samples in refrigerator.
Place paper completed request form in submission box. It will take a few days to screen.

⁽¹⁾ B/A <1.0 is interpreted as negative. Borderline B/A ratios (ie. 1.3) should be retested with a replacement sample.

⁽²⁾ Assays performed using LONZA MycoAlert® Mycoplasma Detection Kits