

**Requisition Form for Mycoplasma Testing Service**  
 Email: [genomics\\_atpc@rcb.res.in](mailto: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.
3. Samples are to be drawn from cultures that have reached 90-100% confluence.
4. Cell culture should be allowed to stand for few minutes and 500µl of supernatant should be provided as sample.
5. 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 _____ |

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## Appendix

**Signature of User**

**Signature of PI / Person-In-Charge**