

Cell Line Submission Form
For *Mycoplasma* Testing Service (PCR)

QED Bioscience Inc.
ADVANCED RESEARCH TECHNOLOGIES

Date Shipped: _____

Mailing or Email Address for Test Results:

Name to appear on report(s): _____

Company / Department: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Phone No. _____ Fax No. _____ Email _____

Bill To:

Purchase Order No.: _____ OR

Credit Card No.: _____ Exp. Date _____

Name on credit card: _____ Security Code _____

Company / Department: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please use additional forms for more than 10 cell lines per shipment.

Cell Line Designation	Are cells in antibiotic-free medium?
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Ship cell lines by overnight delivery to: QED Bioscience Inc.
Attn: Cell Culture Laboratory
10919 Technology Place, Suite C
San Diego, CA 92127

Please provide 24-48 hours advance notice of shipments.

Tel 800-929-2114 / 858-675-2405 Fax 858-592-1509 Email info@qedbio.com www.qedbio.com

For QED use only: Date Received: _____ Initials: _____