

# Order Form for the Detection of Mycoplasma Contaminations

E-mail to [service@clsgmbh.de](mailto:service@clsgmbh.de) or Fax to +49 (0)6221 700717



No.	Sample Name of cell line	Risk Level (BSL)	Mycoplasma Testing Standard  (without cultivation) Cat No 900159	Mycoplasma Long Term Testing  (14 days antibiotic-free cultivation before testing) Cat No 900164
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

The results will be provided by e-mail, please note your address:

<b>Delivery Address</b>		Your Purchase order no.:	
Recipient's Name:		Phone:	
Company / Institution:		FAX:	
		<b>E-mail:</b>	

Street:			
City		ZIP Postal code	
Country		State / Province	

<b>Billing address</b>		CLS Customer Account no.:	
Company / Institution:			
Street:			
City		ZIP Postal code	
Country		State / Province	
<b>VAT number (EU-states only)</b>			
<b>Category of Organisation</b>			

We operate exclusively based on our General Terms and Conditions.

<b>Date:</b>	<b>Name of signee:</b>	<b>Signature:</b>

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 Amtsgericht Mannheim HRB 714394  
 Manager: Dr.rer.nat. Rosemarie Steubing

Bank: Sparkasse Heidelberg  
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 BIC: SOLADES1HDB  
 E-Mail: [info@clsgmbh.de](mailto:info@clsgmbh.de)  
<https://www.clsgmbh.de>