Mycoplasma Testing Sample Submission Form

Please complete the form and include it with your sample shipment.

Please ensure to include your company name, the Cytion process number, or enclose the Cytion Order Confirmation (e.g., AB241167) with your sample shipment. This ensures accurate tracking and processing of your order.

Company Name _____

VAT number
(EU customers only) _____

Billing Address Line 1 _____

Billing Address Line 2 _____

Billing Email Address _____

Purchase Order Number
(if applicable) _____

Recipient Name _____

Recipient Email Address _____

While the rapid test provides immediate mycoplasma detection upon sample arrival for quick results, the premium test involves a 14-day antibiotic-free cultivation of cells for a more thorough assessment. Please indicate which service you would like us to perform.

Sample Name or ID	**Cell Line Name or Cellosaurus ID**	**Biosafety Level**	**Rapid Mycoplasma Test (Yes/No)**	**Premium Mycoplasma Test (Yes/No)**

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