

**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](mailto:info@qedbio.com) [www.qedbio.com](http://www.qedbio.com)

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For QED use only: Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_