

**2018 Sample Submission Form for Bovine Mycoplasma/Ureaplasma Testing**  
**Mycoplasma Research Laboratory, University of Florida**

**Sample(s):** \_\_\_\_\_

**Date of sample(s):** \_\_\_\_\_

**Identification #(s):** \_\_\_\_\_

**Tests Requested (check):**

<b>Culture from:</b>	<b>Molecular Tests</b>	<b>Serology for <i>M. bovis</i></b>
<input type="checkbox"/> broth, swab, fluids <input type="checkbox"/> tissue sample <input type="checkbox"/> other, please specify  <b>Cost: \$35/sample</b>	<input type="checkbox"/> IS PCR typing of isolate <b>Cost: \$70/sample</b> <input type="checkbox"/> MLST typing of isolate <b>Cost: \$70/sample</b> <input type="checkbox"/> 16S rRNA identification of species of isolate <b>Cost: \$35/sample</b>	<input type="checkbox"/> Ig isotype specify <input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> IgA <b>Cost: \$40/sample</b> <input type="checkbox"/> IgG subclasses (if IgG pos) <b>Additional Cost: \$40/sample</b>

**Billing address of company / investigator submitting sample(s):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name of contact person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mycoplasma Laboratory Contact Information:**

Alex Burne	Dr. Mary Brown
Lab 352-294-4071	Office: 352-294-4029
amburne87@gmail.com	mbbrown@ufl.edu

**PLEASE SHIP SAMPLES FOR TESTING TO:**

**Dr. Mary Brown**  
**University of Florida**  
**Dept. of Infectious Disease and Pathology**  
**2015 SW 16th Ave**  
**Rm V2-234**  
**Gainesville, FL 32608**

**\*\*\*Please label tubes with investigator's name, animal identification, name/number, and date sample collected.**

**For large sample sizes, electronic submission of an Excel file containing sample information is helpful.**