

# 2018 Sample Submission Form for Mycoplasma/Ureaplasma Testing

Mycoplasma Research Laboratory, University of Florida

Date of sample collection: \_\_\_\_\_

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

Species:	Diagnostic Tests
<input type="checkbox"/> Small animal: _____ _____	<b>Culture from:</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"/> Food & Fiber: _____ _____	<b>Molecular Tests:</b> <input type="checkbox"/> 16S rRNA identification of species of isolate <b>Cost: \$35/sample</b>
<input type="checkbox"/> Reptile: _____ _____	
<input type="checkbox"/> Avian (PCR Only): _____ _____	
<input type="checkbox"/> Lab Animal: _____ _____	
<input type="checkbox"/> Mycoplasma/Ureaplasma Sp.:	

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

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

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

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

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

### Mycoplasma Laboratory Contact Information:

Alex Burne

Lab 352-294-4071

amburne87@gmail.com

Dr. Mary Brown

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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.**