

ID Cell line

Treatment carried out



Mycoplasma Test Request

Resp. Int n. email:	
User name Tutor	
Cell line1 Cell Culture Laboratory n° CC Lab Coordinator: Tutor: User: Cell line: Incubator n°: ID Cell line Treatment carried out	, floor
Cell line2 Cell Culture Laboratory n° CC Lab Coordinator: Tutor: User: Cell line: Incubator n°:	, floor

Contamination Monitoring Service