

LINCoplex[®] ORDER FORM for Human Cytokine/Chemokine Analysis

Millipore is pleased to offer bioanalytical services for the LINCoplex[®] assays requested below. Please complete the following information and return this form and a copy of a purchase order or credit card information with your samples. Ship samples on dry ice using an overnight priority delivery service Monday thru Thursday to:

Millipore
 Attn: Sample Receiving
 15 Research Park Drive
 St. Charles, MO 63304

US Toll Free 1-866-442-6700
www.millipore.com/lincodiagnosics

NOTE: Data obtained from these services are for research purposes only and cannot be used for clinical or diagnostic purposes.

Purchase Order No: _____

(Hard Copy Required)

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	_____	_____
		Card Number	Exp Date
Cardholder _____			
FAX Receipt to: _____			

Sent By: _____

Ship Date: _____

Telephone No.: _____

Special Request(s): _____

Customer No. (if known) _____

Billing Address:

Company Name: _____

Address: _____

Attention: _____

Send Results to:

Company Name: _____

Address: _____

Attention: _____

Send Results via: e-mail FAX mail

FAX No./e-mail address: _____

All assays are subject to a minimum of 35 samples per shipment per analyte requested.

Samples will be destroyed 3 months after the date of receipt. Samples may be returned to the client at the client's expense, if requested at the time the sample order is placed.

NEW CLIENTS: Please send credit references.



LINCOp^{lex}® ORDER FORM for Human Cytokine/Chemokine Analysis

Please check LINCOp^{lex}® analytes to be tested:

Sample Type: Serum Plasma Cell Culture Media or Other* *Please provide 10 mls of blank media with shipment

<input type="checkbox"/> Human			
<input type="checkbox"/> IL-1 α	<input type="checkbox"/> IL-9	<input type="checkbox"/> G-CSF	<input type="checkbox"/> IL12-p40
<input type="checkbox"/> IL-1 β	<input type="checkbox"/> IL-10	<input type="checkbox"/> GM-CSF	<input type="checkbox"/> MIP-1 β
<input type="checkbox"/> IL-2	<input type="checkbox"/> IL-12(p70)	<input type="checkbox"/> IFN- γ	<input type="checkbox"/> EGF
<input type="checkbox"/> IL-4	<input type="checkbox"/> IL-13	<input type="checkbox"/> IP-10	<input type="checkbox"/> VEGF
<input type="checkbox"/> IL-5	<input type="checkbox"/> IL-15	<input type="checkbox"/> MCP-1	<input type="checkbox"/> TGF- α
<input type="checkbox"/> IL-6	<input type="checkbox"/> IL-17	<input type="checkbox"/> MIP-1 α	<input type="checkbox"/> Fractalkine
<input type="checkbox"/> IL-7	<input type="checkbox"/> Eotaxin	<input type="checkbox"/> RANTES	<input type="checkbox"/> sCD40L
<input type="checkbox"/> IL-8		<input type="checkbox"/> TNF- α	

For Laboratory Use Only:

Date Received: _____	Shipping Conditions: <input type="checkbox"/> Acceptable
By: _____	<input type="checkbox"/> Unacceptable
Box # _____	Action Taken: _____
# of Samples _____	_____
Results e-mailed / FAX'd	Date: _____ By: _____