

LINCOp[®]lex ORDER FORM for Mouse Adipokine/Adipocyte Analysis

Millipore is pleased to offer bioanalytical services for the LINCOp[®]lex Adipokine 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: _____

Send Results to: _____

Company Name: _____

Company Name: _____

Address: _____

Address: _____

Attention: _____

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.

Please check LINCOp[®]lex analytes to be tested:

Sample Type: <input type="checkbox"/> Mouse <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Cell Culture Media or Other*			
*Please provide 10 mls of blank media with shipment			
<input type="checkbox"/> IL-6	<input type="checkbox"/> Leptin	<input type="checkbox"/> MCP-1	<input type="checkbox"/> Insulin (serum & plasma only)
<input type="checkbox"/> PAI-1 (Total)	<input type="checkbox"/> Resistin	<input type="checkbox"/> TNF- α	
<input type="checkbox"/> *Adiponectin (separate assay for serum or plasma)			

LINCoplex[®] ORDER FORM for Mouse Adipokine/Adipocyte Analysis

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: _____