

## LINCOp<sup>lex</sup>® ORDER FORM for Human Adipokine/Adipocyte Analysis

Millipore is pleased to offer bioanalytical services for the LINCOp<sup>lex</sup>® 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](http://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<sup>lex</sup>® analytes to be tested:**

Sample Type: <input type="checkbox"/> Human <input type="checkbox"/> Serum <input type="checkbox"/> Plasma	
<input type="checkbox"/> <b>Panel A</b>	<input type="checkbox"/> <b>Panel B</b>
<input type="checkbox"/> Adiponectin	<input type="checkbox"/> IL-1 $\beta$ <input type="checkbox"/> Insulin
<input type="checkbox"/> Resistin	<input type="checkbox"/> IL-6 <input type="checkbox"/> Leptin
<input type="checkbox"/> *PAI-1 (Total)	<input type="checkbox"/> IL-8 <input type="checkbox"/> HGF
<input type="checkbox"/> *PAI-1 (Active)	<input type="checkbox"/> MCP-1 <input type="checkbox"/> NGF
	<input type="checkbox"/> TNF- $\alpha$
*Active and Total PAI-1 cannot be in the same assay	

<input type="checkbox"/> Cell Culture Media or Other*	
*Please provide 10 mls of blank media with shipment	
<input type="checkbox"/> Adiponectin	<input type="checkbox"/> NGF
<input type="checkbox"/> IL-1 $\beta$	<input type="checkbox"/> *PAI-1 (Total)
<input type="checkbox"/> IL-6	<input type="checkbox"/> *PAI-1 (Active)
<input type="checkbox"/> IL-8	<input type="checkbox"/> Resistin
<input type="checkbox"/> HGF	<input type="checkbox"/> TNF- $\alpha$
<input type="checkbox"/> MCP-1	<input type="checkbox"/> Leptin
*Active and Total PAI-1 cannot be in the same assay	

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*Linco* Diagnostics  
now part of Millipore

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**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: _____

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