

LINCOp^{lex}® ORDER FORM for Human Cardiovascular Disease Analysis

Millipore is pleased to offer bioanalytical services for the LINCOp^{lex}® Human Cardiovascular Disease 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}® Panel to be tested:

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

CVD Panel 1	
<input type="checkbox"/> Adiponectin	<input type="checkbox"/> sE-Selectin
<input type="checkbox"/> MMP-9	<input type="checkbox"/> sICAM-1
<input type="checkbox"/> MPO	<input type="checkbox"/> sVCAM-1
<input type="checkbox"/> tPAI-1	

CVD Panel 2	
<input type="checkbox"/> CRP	
<input type="checkbox"/> SAA	
<input type="checkbox"/> SAP	
<input type="checkbox"/> Fibrinogen (single plex)	
<input type="checkbox"/> Haptoglobin (single plex)	

CVD Panel 3	
<input type="checkbox"/> IFN- γ	<input type="checkbox"/> MCP-1
<input type="checkbox"/> IL-1 β	<input type="checkbox"/> NT-proBNP
<input type="checkbox"/> IL-6	<input type="checkbox"/> TNF- α
<input type="checkbox"/> IL-8	<input type="checkbox"/> VEGF
<input type="checkbox"/> IL-10	

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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: _____