



BioMarker Services
MILLIPLEX[®] MAP EpiQuant[™] Cell Signaling
ORDER FORM

Millipore is pleased to offer bioanalytical services for analytic testing in discovery research for the multiplex assays requested below. For **routine sample analysis**, complete the following information and return this form with your samples. Contact a Millipore sales representative to confirm sample volume requirements.

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 1-866-441-8400
www.millipore.com/biomarker_services
BioMarker_Services@millipore.com

Date Shipped:	Send Results via: <input type="checkbox"/> e-mail <input type="checkbox"/> FAX <input type="checkbox"/> mail
Purchase Order No. (please attach hard copy to your order):	
Your Account Manager:	Your Sales Specialist:
Customer Number (if known):	Telephone No:
Samples Sent by:	Fax No:
Company:	e-mail Address:
Billing Address:	Send Results to:

NEW CLIENTS: Please send credit references.

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

Sample Protein Analysis

Did you perform a protein analysis on your samples? Yes No (If yes, please provide this information.)

Note: You may be charged \$10/sample for protein analysis, if not provided.

Visa / Mastercard (circle one)	_____	_____
Cardholder	_____	
FAX # to Send Credit Card Receipt		

How did you hear about us? Repeat Client Website Sales Specialist Other _____

Routine Sample Analysis

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

# of Samples Submitted	Panel Requested (See next page for specific analytes)	Price/Sample	Total
TOTAL ORDER \$			

Samples will be stored at -20° C. If samples require sample storage at -70° C, please check here:

Samples are run using standards protocols. Other services / special requests:

- Custom Dilution - please specify: _____
- Rerun of high samples (>ULOQ)
- Other - please specify: _____

Additional charges may apply for additional services. Please call for charges.

Samples will be destroyed 3 months after the date of receipt. If you would like your samples returned upon completion of analysis and verification of analysis please provide the following information:

Your FedEx account number:	
Address for return shipping of samples:	
Phone Number:	
Ship to Attention:	
E-mail address for sample shipping notification:	

For Laboratory Use Only:

# of samples received:	:	Shipping Conditions
Date Received:		<input type="checkbox"/> acceptable
By:		<input type="checkbox"/> unacceptable
Box #		Action taken:
Results sent by:	<input type="checkbox"/> e-mail	
Date:	<input type="checkbox"/> FAX	
	<input type="checkbox"/> mail	

MILLIPLEX MAP *Non-Magnetic Bead Assays* - Please check the analytes to be tested:

Phosphotyrosine Cell Signaling Panel 1 MPEQ- -L1X	
<input type="checkbox"/> Cbl (Tyr700/731/774)	<input type="checkbox"/> LAT (Tyr255)
<input type="checkbox"/> Crk (Tyr221/239)	<input type="checkbox"/> p38/MAPK α (Tyr181)
<input type="checkbox"/> CUB domain containing protein 1 (Tyr734)	<input type="checkbox"/> PDK1 (Tyr373/376)
<input type="checkbox"/> EGFR (Tyr1110/1125)	<input type="checkbox"/> PI3K p110 δ (Tyr485)
<input type="checkbox"/> Ezrin (Tyr477)	<input type="checkbox"/> Plakoglobin/ γ -catenin (Tyr548)
<input type="checkbox"/> FAK (Tyr397/407)	<input type="checkbox"/> PLC γ 1 (Tyr1253)
<input type="checkbox"/> FAK (Tyr861)	<input type="checkbox"/> PLC γ 2 (Tyr1197/1217)
<input type="checkbox"/> FRS2 (Tyr436)	<input type="checkbox"/> Raf-1 (Tyr340/341)
<input type="checkbox"/> Fyb (Tyr97/651)	<input type="checkbox"/> Rap GEF1/GRF2 (Tyr504)
<input type="checkbox"/> Gab1 (Tyr285/307/317)	<input type="checkbox"/> SCF38 (Tyr20)
<input type="checkbox"/> Gab2 (Tyr266)	<input type="checkbox"/> SH2 domain containing protein 3A (Tyr231)
<input type="checkbox"/> Gab2 (Tyr584)	<input type="checkbox"/> SH2 domain containing protein 3A (Tyr95)
<input type="checkbox"/> Growth hormone receptor (Tyr566)	<input type="checkbox"/> Shc (Tyr349/350)
<input type="checkbox"/> HER2 (Tyr1023)	<input type="checkbox"/> SPTAN1 (Tyr1176)
<input type="checkbox"/> HGFR (Tyr1003)	<input type="checkbox"/> STAT3 (Tyr705)
<input type="checkbox"/> IL-15R α chain (Tyr227)	<input type="checkbox"/> Transferrin Receptor (Tyr20)
<input type="checkbox"/> IRS1 (Tyr612)	<input type="checkbox"/> Tyrosine Protein Kinase Tec (Tyr206)
<input type="checkbox"/> ITK (Tyr180)	<input type="checkbox"/> VEGFR1 (Tyr1169)
<input type="checkbox"/> JAK3 (Tyr785)	<input type="checkbox"/> WASP (Tyr291)
<input type="checkbox"/> JNK 1/2/3 (Tyr185/185/223)	<input type="checkbox"/> ZAP70 (Tyr126)

MILLIPLEX MAG *Magnetic Bead Assays* - Please check the analytes to be tested:

EFGR Signaling Pathway Panel MPEQ110MAG- - L1X	
<input type="checkbox"/> CSK (Tyr304)	<input type="checkbox"/> Gab2 (Tyr266)
<input type="checkbox"/> EGFR Total	<input type="checkbox"/> Gab2 (Tyr584)
<input type="checkbox"/> EGFR/HER1 (Tyr1110/1125)	<input type="checkbox"/> Gab2 (Tyr614)
<input type="checkbox"/> EGFR/HER1 (Tyr1069/1092)	<input type="checkbox"/> PI3Kp110 δ (Tyr485)
<input type="checkbox"/> ErbB2/HER2 (Tyr1023)	<input type="checkbox"/> PKC μ (Tyr502)
<input type="checkbox"/> ErbB3 (Tyr1197/1199/1262/1276/1298/1307)	<input type="checkbox"/> PLC γ 1 (Tyr1253)
<input type="checkbox"/> ERK 1/2 (Tyr204/187)	<input type="checkbox"/> PLC γ 2 (Tyr1192-1217)
<input type="checkbox"/> FAK (Tyr397/407)	<input type="checkbox"/> Shc (Tyr349/350)
<input type="checkbox"/> FAK (Tyr861)	<input type="checkbox"/> SPRY2 (Tyr55)
<input type="checkbox"/> FRS2 (Tyr436)	<input type="checkbox"/> STAT3 (Tyr705)
<input type="checkbox"/> Gab1 (Tyr285/307/317)	<input type="checkbox"/> TAFII68 Total (loading control)