



BioMarker Services
MILLIPLEX[®] MAP ORDER FORM
Human Inflammation / Immunology

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.

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

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

Routine Sample Analysis

Millipore, 15 Research Park Drive, St. Charles, MO 63304
 T: (866) 441-8400, F: (636) 442-6058, BioMarker_Services@millipore.com

***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 standard kit 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	

Human Cytokine/Chemokine Panel I**Sample Type:** Serum Plasma Cell Culture Media or Other*

*Please provide 10 mls of blank media or buffer with shipment

MILLIPLEX MAP Non-Magnetic Bead Assay MPXHCYTO- - L1X			
MILLIPLEX MAG Magnetic Bead Assay HCYTOMAG- - L1X ◆ = Coming soon in MAG format			
<input type="checkbox"/> IL-1 α	<input type="checkbox"/> IL-9 ◆	<input type="checkbox"/> Flt-3 ligand ◆	<input type="checkbox"/> MIP-1 α
<input type="checkbox"/> IL-1 β	<input type="checkbox"/> IL-10	<input type="checkbox"/> Fractalkine ◆	<input type="checkbox"/> MIP-1 β
<input type="checkbox"/> IL-1ra	<input type="checkbox"/> IL-12 (p40)	<input type="checkbox"/> G-CSF	<input type="checkbox"/> PDGF-AA** ◆
<input type="checkbox"/> IL-2	<input type="checkbox"/> IL-12 (p70)	<input type="checkbox"/> GM-CSF	<input type="checkbox"/> PDGF-AB/BB** ◆
<input type="checkbox"/> sIL-2R α ◆	<input type="checkbox"/> IL-13	<input type="checkbox"/> GRO ◆	<input type="checkbox"/> RANTES**
<input type="checkbox"/> IL-3	<input type="checkbox"/> IL-15	<input type="checkbox"/> IFN α 2	<input type="checkbox"/> TGF α ◆
<input type="checkbox"/> IL-4	<input type="checkbox"/> IL-17	<input type="checkbox"/> IFN γ	<input type="checkbox"/> TNF α
<input type="checkbox"/> IL-5	<input type="checkbox"/> sCD40L ◆	<input type="checkbox"/> IP-10	<input type="checkbox"/> TNF β
<input type="checkbox"/> IL-6	<input type="checkbox"/> EGF	<input type="checkbox"/> MCP-1	<input type="checkbox"/> VEGF
<input type="checkbox"/> IL-7	<input type="checkbox"/> Eotaxin	<input type="checkbox"/> MCP-3/CCL7 ◆	
<input type="checkbox"/> IL-8	<input type="checkbox"/> FGF-2 ◆	<input type="checkbox"/> MDC/CCL22 ◆	

** Cannot be plexed with other cytokines in human serum or plasma due to dilution requirements

Human Cytokine/Chemokine Panels II and III**Sample Type:** Serum Plasma Cell Culture Media or Other*

*Please provide 10 mls of blank media or buffer with shipment

Human Cytokine/Chemokine Panel II		Human Cytokine/Chemokine Panel III	
<input type="checkbox"/>	MILLIPLEX MAP Non-Magnetic Bead Assay MPXHCYP2- -L1X	<input type="checkbox"/>	MILLIPLEX MAP Non-Magnetic Bead Assay MPXHCYP3- -L1X
<input type="checkbox"/>	MILLIPLEX MAG Magnetic Bead Assay HCYP2MAG- - L1X	<input type="checkbox"/>	MILLIPLEX MAG Magnetic Bead Assay MCYP3MAG- - L1X
<input type="checkbox"/> IL-16	<input type="checkbox"/> Eotaxin-3/CCL26	<input type="checkbox"/> IL-11	
<input type="checkbox"/> IL20	<input type="checkbox"/> I-309/CCL1	<input type="checkbox"/> IL-29	
<input type="checkbox"/> IL-21	<input type="checkbox"/> LIF	<input type="checkbox"/> GCP-2/CSCL6/LIX	
<input type="checkbox"/> IL-23	<input type="checkbox"/> MCP-2	<input type="checkbox"/> HCC-1/CCL14**	
<input type="checkbox"/> IL-28a	<input type="checkbox"/> MCP-4	<input type="checkbox"/> I-TAC/CXCL11	
<input type="checkbox"/> IL-33/NF-HEV (mature)	<input type="checkbox"/> MIP-1d (MIP-5/CCL15)	<input type="checkbox"/> Lymphotoxin	
<input type="checkbox"/> 6Ckine/CCL21	<input type="checkbox"/> SCFSDF-1 α + β /CXCL12	<input type="checkbox"/> M-CSF	
<input type="checkbox"/> BCA-1/CXCL13	<input type="checkbox"/> TARC/CCL17	<input type="checkbox"/> MIG/CXCL9	
<input type="checkbox"/> CTACK/CCL27	<input type="checkbox"/> TPO	<input type="checkbox"/> MIP-3 α /CCL20	
<input type="checkbox"/> ENA-78/CSCL5	<input type="checkbox"/> TRAIL/TNFSF10	<input type="checkbox"/> MIP-3 β /CCL19	
<input type="checkbox"/> Eotaxin-2/CCL24/MPIF-2	<input type="checkbox"/> TSLP	<input type="checkbox"/> NAP-2/CXCL7**	

** Cannot be plexed with other cytokines in human serum or plasma due to dilution requirements

Human High Sensitivity Cytokine/Chemokine Panel:**Sample Type:** Serum Plasma Cell Culture Media or Other***Please provide 10 mls of blank media or buffer with shipment*

MILLIPLEX MAP Non-Magnetic Bead Assay - HSCYTO- - L1X					
MILLIPLEX MAG Magnetic Bead Assay - HSCYTMAG- - L1X					
<input type="checkbox"/>	IL-1 β	<input type="checkbox"/>	IL-7	<input type="checkbox"/>	IFN γ
<input type="checkbox"/>	IL-2	<input type="checkbox"/>	IL-8	<input type="checkbox"/>	GM-CSF
<input type="checkbox"/>	IL-4	<input type="checkbox"/>	IL-10	<input type="checkbox"/>	TNF α
<input type="checkbox"/>	IL-5	<input type="checkbox"/>	IL-12 (p70)		
<input type="checkbox"/>	IL-6	<input type="checkbox"/>	IL-13		

Human MMP and TIMP Panels**MILLIPLEX MAP Non-Magnetic Bead Assays****Sample Type:** Serum Plasma Cell Culture Media or Other***Please provide 10 mls of blank media or buffer with shipment*

Human MMP1 HMMP1- -L1X	Human MMP2 HMMP2- -L1X	Human TIMP1 HTIMP1- -L1X	Human TIMP2 HTIMP2- -L1X
<input type="checkbox"/> MMP-3	<input type="checkbox"/> MMP-1	<input type="checkbox"/> TIMP-1	<input type="checkbox"/> TIMP-1
<input type="checkbox"/> MMP-12	<input type="checkbox"/> MMP-2	<input type="checkbox"/> TIMP-2	<input type="checkbox"/> TIMP-2
<input type="checkbox"/> MMP-13	<input type="checkbox"/> MMP-7		<input type="checkbox"/> TIMP-3
	<input type="checkbox"/> MMP-9		<input type="checkbox"/> TIMP-4
	<input type="checkbox"/> MMP-10		

Human Sepsis and Multi-Species TGF- β **MILLIPLEX MAP Non-Magnetic Bead Assays****Sample Type:** Serum Plasma Cell Culture Media or Other***Please provide 10 mls of blank media or buffer with shipment*

Human Sepsis 1 HSEP- -L1X	<input type="checkbox"/>	Multi Species TGF-β 1-Plex TGFB-64K-01	<input type="checkbox"/>	Multi Species TGF-β 3-Plex TGFB-64K-03
<input type="checkbox"/> MIF		TGF β 1		TGF β 1
<input type="checkbox"/> PAI-1 (total)				TGF β 2
<input type="checkbox"/> sFas				TGF β 3
<input type="checkbox"/> sFas L				
<input type="checkbox"/> sICAM-1				
<input type="checkbox"/> sVCAM-1				