



BioMarker Services
MILLIPLEX® ORDER FORM
Mouse & Rat 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

***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	

MILLIPLEX MAP Non-Magnetic Bead Assays - Please check the analytes to be tested:**Mouse Cytokine/Chemokine Panel I: MPXMCYTO- - L1X** (dashes indicate # of analytes)**Sample Type:** Serum Plasma Cell Culture Media or Other***Please provide 10 mls of blank media or buffer with shipment*

<input type="checkbox"/> IL-1 α	<input type="checkbox"/> IL-12 (p70)	<input type="checkbox"/> LIX
<input type="checkbox"/> IL-1 β	<input type="checkbox"/> IL-13	<input type="checkbox"/> M-CSF
<input type="checkbox"/> IL-2	<input type="checkbox"/> IL-15	<input type="checkbox"/> MCP-1
<input type="checkbox"/> IL-3	<input type="checkbox"/> IL-17a	<input type="checkbox"/> MIG
<input type="checkbox"/> IL-4	<input type="checkbox"/> Eotaxin	<input type="checkbox"/> MIP-1 α
<input type="checkbox"/> IL-5	<input type="checkbox"/> G-CSF	<input type="checkbox"/> MIP-1 β
<input type="checkbox"/> IL-6	<input type="checkbox"/> GM-CSF	<input type="checkbox"/> MIP-2
<input type="checkbox"/> IL-7	<input type="checkbox"/> IFN γ	<input type="checkbox"/> RANTES
<input type="checkbox"/> IL-9	<input type="checkbox"/> IP-10	<input type="checkbox"/> TNF α
<input type="checkbox"/> IL-10	<input type="checkbox"/> KC	<input type="checkbox"/> VEGF
<input type="checkbox"/> IL-12 (p40)	<input type="checkbox"/> LIF	

Mouse 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*

Mouse Cytokine/Chemokine Panel II MPXMCYP2- - L1X		Mouse Cytokine/Chemokine Panel III MPXMCYP3- - L1X	
<input type="checkbox"/> IL-16	<input type="checkbox"/> Exodus-2	<input type="checkbox"/> IL-20	
<input type="checkbox"/> IL-21	<input type="checkbox"/> Fractalkine	<input type="checkbox"/> IL-23	
<input type="checkbox"/> IL-22	<input type="checkbox"/> MCP-5	<input type="checkbox"/> IL-27	
<input type="checkbox"/> IL-25/IL-17E	<input type="checkbox"/> MIP-3 α	<input type="checkbox"/> IL-33	
<input type="checkbox"/> IL-28B	<input type="checkbox"/> MIP-3 β	<input type="checkbox"/> MDC	
<input type="checkbox"/> EPO	<input type="checkbox"/> TARC	<input type="checkbox"/> TIMP-1	

Rat Cytokine/Chemokine Panel: RCYTO-L1X**Sample Type:** Serum Plasma Cell Culture Media or Other***Please provide 10 mls of blank media or buffer with shipment*

<input type="checkbox"/> IL-1 α	<input type="checkbox"/> IL-12 (p70)	<input type="checkbox"/> IP-10
<input type="checkbox"/> IL-1 β	<input type="checkbox"/> IL-13	<input type="checkbox"/> MCP-1
<input type="checkbox"/> IL-2	<input type="checkbox"/> IL-17a	<input type="checkbox"/> MIP-1 α
<input type="checkbox"/> IL-3	<input type="checkbox"/> IL-18	<input type="checkbox"/> RANTES
<input type="checkbox"/> IL-4	<input type="checkbox"/> Eotaxin	<input type="checkbox"/> TNF α
<input type="checkbox"/> IL-5	<input type="checkbox"/> G-CSF	<input type="checkbox"/> VEGF
<input type="checkbox"/> IL-6	<input type="checkbox"/> GM-CSF	
<input type="checkbox"/> IL-10	<input type="checkbox"/> IFN γ	

MILLIPLEX MAG *Magnetic Bead Assays* - Please check the analytes to be tested:**Mouse Cytokine/Chemokine Panel: MCYTOMAG- - L1X** (dashes indicate # of analytes)**Sample Type:** Serum Plasma Cell Culture Media or Other***Please provide 10 mls of blank media or buffer with shipment*

<input type="checkbox"/> IL-1 α	<input type="checkbox"/> IL-12 (p40)	<input type="checkbox"/> IP-10
<input type="checkbox"/> IL-1 β	<input type="checkbox"/> IL-12 (p70)	<input type="checkbox"/> KC
<input type="checkbox"/> IL-2	<input type="checkbox"/> IL-13	<input type="checkbox"/> MCP-1
<input type="checkbox"/> IL-4	<input type="checkbox"/> IL-15	<input type="checkbox"/> MIP-1 α
<input type="checkbox"/> IL-5	<input type="checkbox"/> IL-17a	<input type="checkbox"/> MIP-1 β
<input type="checkbox"/> IL-6	<input type="checkbox"/> G-CSF	<input type="checkbox"/> MIP-2
<input type="checkbox"/> IL-7	<input type="checkbox"/> GM-CSF	<input type="checkbox"/> RANTES
<input type="checkbox"/> IL-9	<input type="checkbox"/> IFN γ	<input type="checkbox"/> TNF α
<input type="checkbox"/> IL-10		

Rat Cytokine/Chemokine Panel: RCYTOMAG-L1X**Sample Type:** Serum Plasma Cell Culture Media or Other***Please provide 10 mls of blank media or buffer with shipment*

<input type="checkbox"/> IL-1 α	<input type="checkbox"/> IL-12 (p70)	<input type="checkbox"/> IP-10
<input type="checkbox"/> IL-1 β	<input type="checkbox"/> IL-13	<input type="checkbox"/> MCP-1
<input type="checkbox"/> IL-2	<input type="checkbox"/> IL-17a	<input type="checkbox"/> MIP-1 α
<input type="checkbox"/> IL-3	<input type="checkbox"/> IL-18	<input type="checkbox"/> RANTES
<input type="checkbox"/> IL-4	<input type="checkbox"/> Eotaxin	<input type="checkbox"/> TNF α
<input type="checkbox"/> IL-5	<input type="checkbox"/> G-CSF	<input type="checkbox"/> VEGF
<input type="checkbox"/> IL-6	<input type="checkbox"/> GM-CSF	
<input type="checkbox"/> IL-10	<input type="checkbox"/> IFN γ	