



Millipore's BioMarker Services MILLIPLEX™ MAP ORDER FORM for Cardiovascular Disease Panels (Human, Mouse and Rat)

Millipore is pleased to offer bioanalytical services for analytic testing in Discovery Research for the Milliplex 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

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 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:		acceptable
By:		unacceptable
Box #		Action taken:
Results sent by:	e-mail	
Date:	FAX	
	mail	

Please check MILLIPLEX™ MAP analytes to be tested:**Human Cardiovascular Panels****Sample Type:** Serum Plasma Cell Culture Media or Other***Please provide 10 mls of blank media or buffer with shipment*

	Human CVD1 Cat#HCVD1- -L1X		Human CVD2 (acute phase) Cat# HCVD2- -L1X		Human CVD3 Cat#HCVD3- -L1X		Human Apolipoproteins Cat# APO- -L1X
<input type="checkbox"/>	Adiponectin	<input type="checkbox"/>	CRP	<input type="checkbox"/>	IL-1 β	<input type="checkbox"/>	Apo AI
<input type="checkbox"/>	MMP-9	<input type="checkbox"/>	Fibrinogen	<input type="checkbox"/>	IL-6	<input type="checkbox"/>	Apo AII
<input type="checkbox"/>	MPO	<input type="checkbox"/>	Serum Amyloid A	<input type="checkbox"/>	IL-8	<input type="checkbox"/>	Apo B
<input type="checkbox"/>	PAI-1 (total)	<input type="checkbox"/>	Serum Amyloid P	<input type="checkbox"/>	IL-10	<input type="checkbox"/>	Apo CII
<input type="checkbox"/>	sE-Selectin			<input type="checkbox"/>	IFN γ	<input type="checkbox"/>	Apo CIII
<input type="checkbox"/>	sICAM-1			<input type="checkbox"/>	MCP-1	<input type="checkbox"/>	Apo E
<input type="checkbox"/>	sVCAM-1		Single Plexes	<input type="checkbox"/>	NT-proBNP		
		<input type="checkbox"/>	Fibrinogen	<input type="checkbox"/>	TNF α		
		<input type="checkbox"/>	Haptoglobin	<input type="checkbox"/>	VEGF		

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

	Mouse CVD1 Cat# MCVD1- - L1x		Mouse CVD2 Cat# MCVD2- -L1X		Mouse/Rat Single Plex Cat#
<input type="checkbox"/>	MMP-9	<input type="checkbox"/>	Adiponectin	<input type="checkbox"/>	CRP
<input type="checkbox"/>	PAI-1 (total)	<input type="checkbox"/>	Apo A1 – Call for availability		
<input type="checkbox"/>	sE-Selectin	<input type="checkbox"/>	Apo E		
<input type="checkbox"/>	sICAM-1	<input type="checkbox"/>	Fibrinogen		
<input type="checkbox"/>	sVCAM-1				

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

	RCVD1- -L1X		RCVD2- -L1X		RCVD3- -L1X
<input type="checkbox"/>	IL-6	<input type="checkbox"/>	sE-Selectin	<input type="checkbox"/>	Adiponectin
<input type="checkbox"/>	BNP	<input type="checkbox"/>	sICAM-1	<input type="checkbox"/>	Fibrinogen
<input type="checkbox"/>	MCP-1				
<input type="checkbox"/>	MPO				
<input type="checkbox"/>	PAI-1				Rat/Mouse Single Plex
<input type="checkbox"/>	TIMP-1			<input type="checkbox"/>	CRP
<input type="checkbox"/>	TNF α				
<input type="checkbox"/>	Troponin I				
<input type="checkbox"/>	Troponin T				
<input type="checkbox"/>	VEGF				
<input type="checkbox"/>	Von Willebrand Factor				