



**Millipore's BioMarker Services**  
**MILLIPLEX™ MAP MAPmates**  
**ORDER FORM for Pathway - Profiler:**  
**Cell Signaling/Phosphoprotein Detection**

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](http://www.millipore.com/biomarker_services)

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

**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.**

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

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
<b>TOTAL ORDER \$</b>			

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:**

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

### For Laboratory Use Only:

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

Please check MILLIPLEX™ MAPmates to be tested:

<b>Total Proteins</b>	
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Analyte	Analyte
<input type="checkbox"/> Akt/PKB	<input type="checkbox"/> JNK
<input type="checkbox"/> BAD	<input type="checkbox"/> c-Kit
<input type="checkbox"/> CREB	<input type="checkbox"/> c-Met/HGFR
<input type="checkbox"/> EGF-Receptor	<input type="checkbox"/> p38
<input type="checkbox"/> Erb-B2/HER2	<input type="checkbox"/> p53
<input type="checkbox"/> Erk/MAPK1/2	<input type="checkbox"/> p70 S6 Kinase
<input type="checkbox"/> HSP27	<input type="checkbox"/> Rsk1
<input type="checkbox"/> IGF1R	<input type="checkbox"/> STAT1
<input type="checkbox"/> IκBα	<input type="checkbox"/> STAT3
<input type="checkbox"/> IRS1	<input type="checkbox"/> GAPDH (Human)

<b>Phosphorylted Proteins</b>	
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Analyte	Analyte
<input type="checkbox"/> Akt/PKB (Ser473)	<input type="checkbox"/> c-Met/HGFR (Pan Tyr)
<input type="checkbox"/> Akt/PKB (Thr308)	<input type="checkbox"/> PARP, cleaved
<input type="checkbox"/> ATF2 (Thr69/71)	<input type="checkbox"/> p38 (Thr180/Tyr182)
<input type="checkbox"/> Active Caspase 3	<input type="checkbox"/> p53 (Ser15)
<input type="checkbox"/> CREB (Ser133)	<input type="checkbox"/> p53 (Ser46)
<input type="checkbox"/> EGF-Receptor (Pan Tyr)	<input type="checkbox"/> p70 S6 Kinase (Thr412)
<input type="checkbox"/> Erb-B2/HER2 (pan Tyr)	<input type="checkbox"/> PDGF Receptor α (Pan Tyr)
<input type="checkbox"/> Erk/MAPK 1/2 (Thr185/Tyr187)	<input type="checkbox"/> PDGF Receptor β (Pan Tyr, mouse)
<input type="checkbox"/> H2A.X (Ser139)	<input type="checkbox"/> Rsk1 (Ser380)
<input type="checkbox"/> IGF1R (Pan Tyr)	<input type="checkbox"/> STAT3 (Tyr705)
<input type="checkbox"/> IκBα (Ser132)	<input type="checkbox"/> STAT3 (Ser727)
<input type="checkbox"/> IRS1 (Pan Tyr)	<input type="checkbox"/> STAT5A/B (Tyr694/699)
<input type="checkbox"/> JNK (Thr180/Tyr182)	<input type="checkbox"/> STAT6 (Tyr641)
<input type="checkbox"/> c-Jun (Ser73)	<input type="checkbox"/> ZAP-70 (Pan Tyr)
<input type="checkbox"/> c-Kit (Pan Tyr)	
<input type="checkbox"/> Lck (Pan Tyr)	

**Multi-Pathway - 8 PLEX (Phosphorylated)**

<input type="checkbox"/> Complete panel Cat# 48-680
CREB (Ser133)
Erk/MAPK1/2 (Thr185/Tyr187)
I $\kappa$ B $\alpha$ (Ser32)
JNK (Thr183/Tyr185)
p38 (Thr180/Tyr182)
p70 S6 Kinase (Thr412)
STAT3 (Ser727)
STAT5A/B (Tyr694/699)

**Human T-Cell Receptor -7 PLEX (Phosphorylated)**

<input type="checkbox"/> Complete panel Cat#48-690
CD3 $\epsilon$ (pan Tyr)
CREB (Ser133)
Erk/MAPK 1/2 (Thr185/tyr187)
LAT (pan Tyr)
Lck (pan Tyr)
Syk (pan Tyr)
ZAP-70 (pan Tyr)

**Human Apoptosis -3 PLEX (Total)**

<input type="checkbox"/> Complete panel Cat# 48-670
Active Caspase 3
Active Cleaved PARP
GAPDH

**Human MAP Kinase -10 PLEX (Phosphorylated)**

<input type="checkbox"/> Complete panel
ATF2 (Thr69/71)
c-Jun (Ser73)
Erk/MAP Kinase1/2 (Thr185/Tyr187)
HSP27 (Ser 78)
JNK (Thr183/Tyr185)
MEK1 (Ser222)
MSK1 (Ser212)
p38 (Thr180/Tyr182)
p53 (Ser15)
STAT1 (Tyr707)