



BioMarker Services
MILLIPLEX[®] MAP ORDER FORM
Bone Metabolism Panels (Human, Mouse and Rat)

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 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	

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

Human Panel 1A (for serum/plasma) HBN1A- -L1X	Human Panel 1B (for Tissue culture) HBN1B- -L1X	Human Single Plex Cat # HBNRANKLL1X
<input type="checkbox"/> ACTH	<input type="checkbox"/> IL-1 β	<input type="checkbox"/> RANKL
<input type="checkbox"/> Insulin	<input type="checkbox"/> IL-6	
<input type="checkbox"/> Leptin	<input type="checkbox"/> ACTH	
<input type="checkbox"/> OPG	<input type="checkbox"/> Adiponectin	
<input type="checkbox"/> Osteocalcin	<input type="checkbox"/> Insulin	
<input type="checkbox"/> Osteopontin	<input type="checkbox"/> Leptin	
<input type="checkbox"/> PTH	<input type="checkbox"/> OPG	
	<input type="checkbox"/> Osteocalcin	
	<input type="checkbox"/> Osteopontin	
	<input type="checkbox"/> PTH	
	<input type="checkbox"/> TNF α	

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

Mouse Panel 1A (for serum/plasma) MBN1A- -L1X	Mouse Panel 2A (for serum/plasma) MBN2A- -L1X	Mouse Panel 1B (for tissue culture) MBN1B- -L1X	Mouse Panel 2B (for tissue culture) MBN2B- -L1X
<input type="checkbox"/> IL-6	<input type="checkbox"/> IL-6	<input type="checkbox"/> IL-6	<input type="checkbox"/> IL-6
<input type="checkbox"/> ACTH	<input type="checkbox"/> ACTH	<input type="checkbox"/> ACTH	<input type="checkbox"/> ACTH
<input type="checkbox"/> Insulin	<input type="checkbox"/> Insulin	<input type="checkbox"/> Insulin	<input type="checkbox"/> Insulin
<input type="checkbox"/> Leptin	<input type="checkbox"/> Leptin	<input type="checkbox"/> Leptin	<input type="checkbox"/> Leptin
<input type="checkbox"/> OPG	<input type="checkbox"/> RANKL	<input type="checkbox"/> OPG	<input type="checkbox"/> RANKL
<input type="checkbox"/> TNF α	<input type="checkbox"/> TNF α	<input type="checkbox"/> Osteocalcin	<input type="checkbox"/> TNF α
		<input type="checkbox"/> TNF α	
Mouse Single Plex MBN1OPGL1X	Mouse Single Plex MBN1OSTEOL1X	Mouse Single Plex MBN1RANKLL1X	
<input type="checkbox"/> OPG	<input type="checkbox"/> Osteocalcin	<input type="checkbox"/> RANKL	

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

Rat Panel 1 RBN1- -L1X	Rat Panel 2 RBN2- -L1X	Rat Panel 3 RBN3- -L1X	Rat Single Plex
<input type="checkbox"/> ACTH	<input type="checkbox"/> ACTH	<input type="checkbox"/> Osteocalcin	<input type="checkbox"/> OPG - RBN1OPGL1X
<input type="checkbox"/> Insulin	<input type="checkbox"/> Insulin	<input type="checkbox"/> Osteopontin	<input type="checkbox"/> Osteocalcin - RBN1OSTEOL1X
<input type="checkbox"/> Leptin	<input type="checkbox"/> Leptin	<input type="checkbox"/> PTH	<input type="checkbox"/> RANKL - RBN1RANKLL1X
<input type="checkbox"/> OPG	<input type="checkbox"/> RANKL		