



**BioMarker Services**  
**MILLIPLEX<sup>®</sup> MAP ORDER FORM**  
**Cardiovascular Disease 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](http://www.millipore.com/biomarker_services)  
[BioMarker\\_Services@millipore.com](mailto:BioMarker_Services@millipore.com)

<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.

<b>Visa / Mastercard</b>	_____	_____
(circle one)	<b>Card Number</b>	<b>Expiration Date</b>
<b>Cardholder</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:		<input type="checkbox"/> acceptable
By:		<input type="checkbox"/> unacceptable
Box #		Action taken:
<b>Results sent by:</b>	<input type="checkbox"/> e-mail	
Date:	<input type="checkbox"/> FAX	
	<input type="checkbox"/> 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*

<b>Human CVD1</b> HCVD1- -L1X	<b>Human CVD2</b> (acute phase) HCVD2- -L1X	<b>Human CVD3</b> HCVD3- -L1X	<b>Human Apolipoproteins</b> APO- -L1X
<input type="checkbox"/> Adiponectin	<input type="checkbox"/> CRP	<input type="checkbox"/> IL-1 $\beta$	<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 $\gamma$	<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	<b>Single Plexes</b>	<input type="checkbox"/> NT-proBNP	
	<input type="checkbox"/> Fibrinogen	<input type="checkbox"/> TNF $\alpha$	
	<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*

<b>Mouse CVD1</b> MCVD1- -L1x	<b>Mouse CVD2</b> MCVD2- -L1X	<b>Mouse/Rat Single Plex</b>
<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*

<b>Rat CVD1</b> RCVD1- -L1X	<b>Rat CVD2</b> RCVD2- -L1X	<b>Rat CVD 3</b> 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		<b>Rat/Mouse Single Plex</b>
<input type="checkbox"/> TIMP-1		<input type="checkbox"/> CRP
<input type="checkbox"/> TNF $\alpha$		
<input type="checkbox"/> Troponin I		
<input type="checkbox"/> Troponin T		
<input type="checkbox"/> VEGF		
<input type="checkbox"/> Von Willebrand Factor		