



Millipore's BioMarker Services
MILLIPLEX™ MAP ORDER FORM for
Mouse Chemokine/Cytokine Analysis
Cat # MPXMCYTO- - L1X, MPXMCYP2- - L1X
and MPXMCYP3- -L1X

(dashes indicate # of analytes)

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

Please check MILLIPLEX™ MAP analytes to be tested:

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

Mouse Cytokine/Chemokine Panel 2: Cat# MPXMCYP2- - 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-16	<input type="checkbox"/>	Exodus-2
<input type="checkbox"/>	IL-21	<input type="checkbox"/>	Fractalkine
<input type="checkbox"/>	IL-22	<input type="checkbox"/>	MCP-5
<input type="checkbox"/>	IL-25/IL-17E	<input type="checkbox"/>	MIP-3 α
<input type="checkbox"/>	IL-28B	<input type="checkbox"/>	MIP-3 β
<input type="checkbox"/>	EPO	<input type="checkbox"/>	TARC

Mouse Cytokine/Chemokine Panel 3: Cat# MPXMCYP3- - 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-20
<input type="checkbox"/>	IL-23
<input type="checkbox"/>	IL-27
<input type="checkbox"/>	IL-33
<input type="checkbox"/>	MDC
<input type="checkbox"/>	TIMP-1