



MILLIPLEX[®] MAP Introductory Sample Offer U.S. and Other Countries (Excluding Europe)

Sample Handling and Shipping Instructions

The MILLIPLEX[®] MAP Introductory Offer enables you to evaluate Luminex[®] xMAP[®] technology whereby we will run up to 35 samples in duplicate at our facility for a fixed price using any of the following kits of your choice.

For customers in Europe: Please refer to European Form at
http://www.millipore.com/drugdiscovery/dd3/map_portfolio.

Fixed Price - \$999:

Adipocyte Panel (Tissue Culture) – Human – 11 Plex	Cytokine Panel – Non-Human Primate – 14 Plex
Adipocyte Panel (Tissue Culture) – Mouse – 7 Plex	Cytokine Panel – Mouse – 13 Plex
Adipocyte Panel (Tissue Culture) – Rat – 7 Plex	Cytokine Panel 2 – Mouse – 12 Plex
Adipokine Panel (Serum, Plasma, Tissue) – Canine – 2 Plex	Cytokine Panel 3 – Mouse – 6 Plex
Adipokine (Serum) Panel A – Human – 3 Plex	Cytokine Panel – Rat – 14 Plex
Adipokine (Serum) Panel B – Human – 9 Plex	Endocrine Panel – Human – 6 Plex
Adipokine (Serum) Panel – Mouse – 7 Plex	Endocrine Panel – Canine – 4 Plex
Adipokine (Serum) Panel – Rat – 7 Plex	Endocrine Panel – Mouse – 5 Plex
Apolipoprotein Panel – Human – 6 Plex	Endocrine Panel – Rat – 5 Plex
Bone Panel (Serum) – Human Panel 1A – 7 Plex	Gut Hormone – Human – 8 Plex
Bone Panel (Tissue Culture) – Human Panel 1B – 11 Plex	Gut Hormone – Mouse – 8 Plex
Bone Panel – Mouse – 6/7 Plex	Gut Hormone – Rat – 8 Plex
Bone Panel – Rat – 3/4 Plex	IGF Binding Protein – Human – 7 Plex
Brain-Derived Protein Panel – Human – 9 Plex	Kidney Toxicity Panels – Rat – 3 Plex
Cardiovascular Panel 1 – Human – 7 Plex	Metabolic Hormone Panel – Human – 12 Plex
Cardiovascular Panel 2 – Human – 3 Plex	Neurodegenerative Panels – 6/7/10 Plex
Cardiovascular Panel 3 – Human – 9 Plex	Pituitary Panel – Human – 6 Plex
Cardiovascular Panel 1 – Mouse – 5 Plex	Pituitary Panel – Rat – 7 Plex
Cardiovascular Panel 2 – Mouse – 4 Plex	Sepsis/Apoptosis – Human – 6 Plex
Cardiovascular Panel 1 – Rat – 11 Plex	Skin Panel (Tissue Culture) – Human – 7 Plex
Cardiovascular Panel 2 – Rat – 2 Plex	Stress Hormone Panel – Rat – 3 Plex
Cardiovascular Panel 3 – Rat – 2 Plex	Soluble Cytokine Receptor – Mouse – 13 Plex
Cytokine Panels – Human – 11/14 Plex	Soluble Cytokine Receptor – Human – 14 Plex
Cytokine Panel – High Sensitivity Human – 13 Plex	Thyroid Hormone – Rat – 3 Plex

Fixed Price \$1,599:

Cytokine Panels – Human – 23/26 Plex
Cytokine Panel – Non-Human Primate – 23 Plex
Cytokine Panel – Canine – 14 Plex
Cytokine Panel – Mouse – 22 Plex
Cytokine Panel – Rat – 24 Plex

Fixed Price - \$2,200:

Cytokine Panel (Serum, Plasma) – Human – 39 Plex
Cytokine Panel (Tissue Culture) – Human 42 plex

Sample Collection:

Serum, Plasma and Cell culture medium may be tested in any of these assays, unless specified. We will gladly test a different sample matrix for your evaluation needs. While all samples are treated as infectious, please do not send any samples with known infectious agents (e.g. HIV, Hepatitis, etc.).

Please refer to the kit protocol posted on our website for sample preparation methods.

Avoid using samples with gross hemolysis or lipemia. Aliquot and freeze samples within 2 hours of collection at –20°C for short term and at –70°C for long term (>2 months).



MILLIPLEX[®] MAP Introductory Sample Offer U.S. and Other Countries (Excluding Europe)

Sample Handling and Shipping Instructions

Minimum Sample Volume:

Adipokine (A&B) / Adipocyte – Human – 75 µL

Adipokine / Adipocyte – Mouse – 35 µL

Adipokine / Adipocyte – Rat – 75 µL

Adipokine – Canine – 20 µL for serum/plasma
75 µL for tissue culture

Apolipoprotein Panel – Human – 20 µL

Bone Panel – Human Panel A1 – 25µL

Bone Panel – Human Panel B1 – 75µL

Bone Panel – Mouse – 75µL

Bone Panel – Rat – 75 µL

Brain-Derived Protein Panel – Human – 60 µL serum/plasma

Cardiovascular (Panels 1, 2, 3) – Human – 75 µL

Cardiovascular (Panels 1, 2) – Mouse – 20 µL serum/plasma
75 µL tissue culture

Cardiovascular (Panels 1, 2, 3) – Rat – 25 µL serum/plasma
75 µL tissue culture

Cytokine (Panel 1,2) - Human – 75 µL

Cytokine Panel – High Sensitivity Human – 150 µL

Cytokine Panel – Non-Human Primate - 75 µL

Cytokine Panel – Canine – 35 µL serum/plasma
75 µL tissue culture

Cytokine Panel – Mouse – 75 µL

Cytokine (Panels 2,3) – Mouse – 25 µL

Cytokine Panel – Rat – 20 µL serum/plasma
75 µL tissue culture

Endocrine Panel – Human – 75 µL

Endocrine Panel – Canine – 35 µL serum/plasma
75 µL tissue culture

Endocrine Panels - Rat and Mouse – 35 µL

Gut Hormone – Human – 75 µL

Gut Hormone – Mouse – 75 µL

Gut Hormone – Rat – 75 µL

IGF Binding Protein – Human - 60 µL serum/plasma

Kidney Toxicity Panels– Rat – 25 µL urine

Metabolic Hormone Panel – Human - 50 µL serum/plasma

Neurodegenerative Panels – Human - 25 µL serum/plasma

Neuropeptide Panel – Human – 50 µL serum/plasma

Pituitary – Human – 75 µL

Pituitary – Rat - 35 µL

Sepsis / Apoptosis – Human – 20 µL serum/plasma
75 µL tissue culture

Skin Panel – Human – 75 µL

Soluble Cytokine Receptor – Mouse - 25 µL serum/plasma
75 µL tissue culture

Soluble Cytokine Receptor – Human - 25 µL serum/plasma
75 µL tissue culture

Stress Hormone – Rat – 35 µL serum/plasma
75 µL tissue culture

Thyroid Hormone – Rat – 20 µL serum/plasma
75 µL tissue culture

US and other countries:

Before sending your samples, complete the appropriate **Introductory Order Form** and **fax** it to 1-636-442-6058, attention: MILLIPLEX MAP Intro Offer. **Please include a copy of your faxed form with your samples.**

Ship the samples overnight on dry ice Monday-Thursday to:

Millipore
Attn: MILLIPLEX MAP Intro Offer
15 Research Park Dr.
St. Charles, Missouri 63304 USA

Results will be faxed or emailed to you within 10 working days from date of sample receipt. Samples will be stored in-house at –20°C for 1 month from date of receipt and will then be discarded following Biohazard regulations.

This is a **one-time offer** for your evaluation purposes. If you would like more information on this offer or about the Instrument, the technology and related kits and services, please contact us at 1-866-441-8400 (US Toll-Free) or 1-636-441-8400 and refer to the “Introductory Offer.”

Europe:

Please refer to the European form located at http://www.millipore.com/drugdiscovery/dd3/map_portfolio.



MILLIPLEX[®] MAP Introductory Sample Offer

Cytokine Multiplex Panels – \$999 Human & Non-Human Primate

Millipore is pleased to offer bioanalytical services for the **MILLIPLEX MAP** Introductory Special – one time offer for up to 35 samples. **Please reference the attached shipping and handling instructions.**

NOTE: Data obtained from these services are for research purposes only and cannot be used for clinical or diagnostic purposes.

Purchase Order No: _____

Visa	Mastercard	_____	_____
		Card Number	Exp
Cardholder: _____			
FAX Receipt to: _____			

Client: _____
Telephone No.: _____
Email: _____

Princ. Investigator: _____
Ship Date: _____
Special Request(s): _____

Billing Address:
Company Name: _____
Address: _____

Send Results to:
Company Name: _____
Address: _____

Attention: _____
Send Results via: E-mail FAX Mail

Attention: _____
FAX No./e-mail: _____

Please check **MILLIPLEX** Introductory Offer Requested:

Samples Sent Are:

- Human Cytokine Panel – 14 Plex:** GM-CSF, IFN γ , IL-1 β , IL-2, IL-4, IL-5, IL-6, IL-7, IL-8, IL-10, IL-12 (p70), IL-13, MCP-1, TNF α
- Human Cytokine Panel III – 11 Plex :** M-CSF, MIG/ CXCL9, NAP2/CXCL7, GCP2/CXCL6, I-TAC/ CXCL11, HCC-1/CCL14a, MIP3 β /CCL19, MIP3 α /CCL20, Lymphotactin/XCL1, IL-11, IL-29/IFN- λ 1
- High Sensitivity Human Cytokine Panel – 13 Plex:** IL-1 β , IL-2, IL-4, IL-5, IL-6, IL-7, IL-8, IL-10, IL-12(p70), IL-13, IFN γ , GM-CSF, TNF α
- Non-Human Primate Cytokine Panel – 14 Plex:** GM-CSF, IFN γ , IL-1 β , IL-2, IL-4, IL-5, IL-6, IL-8, IL-10, IL-12/23 (p40), IL-13, IL-18, MCP-1, TNF α

- Cell Culture Media*
- Other _____

*Please provide 10 mls of blank media with the shipment.

For Internal Use Only:

Date Received: _____	Shipping Conditions:	<input type="checkbox"/> Acceptable
By: _____		<input type="checkbox"/> Unacceptable
Box # _____	Action Taken:	_____
# of Samples _____		_____
Results	e-mailed / FAX'd	Date: _____ By: _____ Customer # _____



MILLIPLEX[®] MAP Introductory Sample Offer

Cytokine Multiplex Panels – \$999 Mouse & Rat

Millipore is pleased to offer bioanalytical services for the **MILLIPLEX MAP** Introductory Special – one time offer for up to 35 samples. **Please reference the attached shipping and handling instructions.**

NOTE: Data obtained from these services are for research purposes only and cannot be used for clinical or diagnostic purposes.

Purchase Order No: _____

Visa	Mastercard	_____
		Card Number
		Exp
Cardholder: _____		
FAX Receipt to: _____		

Client: _____
Telephone No.: _____
Email: _____

Princ. Investigator _____
Ship Date: _____
Special Request(s): _____

Billing Address:
Company Name: _____
Address: _____

Send Results to:
Company Name: _____
Address: _____

Attention: _____
Send Results via: **E-mail** **FAX** **Mail**

Attention: _____
FAX No./e-mail: _____

Please check **MILLIPLEX** Introductory Offer Requested:

- Mouse Cytokine Panel – 13 Plex:** GM-CSF, IFN γ , IL-1 β , IL-2, IL4, IL-5, IL-6, IL-7, IL-10, IL-12 (p70), IL-13, MCP-1, TNF α
- Mouse Cytokine Panel 2 – 12 Plex :** EPO, Exodus-2, MCP-5, MIP-3 β , TARC, MIP-3a, IL-16, Fractalkine, IL-21, IL-22, IL-25, IL-28B
- Mouse Cytokine Panel 3 – 6 Plex :** MDC, IL-23, IL-27, TIMP-1, IL-20, IL-33
- Rat Cytokine Panel – 14 Plex:** IL-1 α , IL-1 β , IL-2, IL-4, IL-5, IL-6, IL-10, IL-12, IL-18, IFN γ , GM-CSF, TNF α , GRO/KC, MCP-1

Samples Sent Are:

- Serum
- Plasma
- Other _____
- Cell Culture Media*

*Please provide 10 mls of blank media with the shipment.

For Internal Use Only:

Date Received: _____	Shipping Conditions: <input type="checkbox"/> Acceptable
By: _____	<input type="checkbox"/> Unacceptable
Box # _____	Action Taken: _____
# of Samples _____	_____
Results	e-mailed / FAX'd
Date: _____	By: _____
Customer # _____	



MILLIPLEX[®] MAP Introductory Sample Offer

Cytokine Multiplex Panels – \$1,599
Human, Non-Human Primate, Rat, Mouse & Canine

Millipore is pleased to offer bioanalytical services for the **MILLIPLEX MAP** Introductory Special – one time offer for up to 35 samples. **Please reference the attached shipping and handling instructions.**

NOTE: Data obtained from these services are for research purposes only and cannot be used for clinical or diagnostic purposes.

Purchase Order No: _____

Visa	Mastercard	_____	_____
		Card Number	Exp
Cardholder: _____			
FAX Receipt to: _____			

Client: _____
Telephone No.: _____
Email: _____

Princ. Investigator _____
Ship Date: _____
Special Request(s): _____

Billing Address:
Company Name: _____
Address: _____

Send Results to:
Company Name: _____
Address: _____

Attention: _____
Send Results via: **E-mail** **FAX** **Mail**

Attention: _____
FAX No./e-mail: _____

Please check **MILLIPLEX** Introductory Offer Requested:

- Human Cytokine Panel – 26 Plex:** Eotaxin, G-CSF, GM-CSF, IFN α 2, INF γ , IL-1 α , IL-1 β , IL-2, IL-3, IL-4, IL-5, IL-6, IL-7, IL-8, IL-10, IL-12 (p40), IL-12 (p70), IL-13, IL-15, IL-17, IP-10, MCP-1, MIP-1 α , MIP-1 β , TNF α , TNF β
- Human Cytokine Panel II – 23 Plex:** 6Ckine, BCA-1, CTACK, ENA-78, Eotaxin-2, Eotaxin-3, I-309, IL-16, IL-20, IL-21, IL-23, IL-28a, IL-33, LIF, MCP-2, MCP-4, MIP-1d, SDF-1 α + β , SCF, TARC, TPO, TRAIL, TSLP
- Non-Human Primate Cytokine Panel – 23 Plex:** G-CSF, GM-CSF, IFN γ , IL-1 β , IL-1ra, IL-2, IL-4, IL-5, IL-6, IL-8, IL-10, IL-12/23 (p40), IL-13, IL-15, IL-17, IL-18, MCP-1, MIP-1 α , MIP-1 β , sCD40L, TGF α , TNF α , VEGF
- Rat Cytokine Panel – 24 Plex:** IL-1 α , IL-1 β , IL-2, IL-4, IL-5, IL-6, IL-9, IL-10, IL-12, IL-13, IL-17, IL-18, IP-10, GRO/KC, IFN γ , TNF α , G-CSF, GM-CSF, MCP-1, Eotaxin, Leptin, MIP-1 α , RANTES, VEGF
- Mouse Cytokine Panel – 22 Plex:** G-CSF, GM-CSF, IFN γ , IL-1 α , IL-1 β , IL-2, IL4, IL-5, IL-6, IL-7, IL-9, IL-10, IL-12 (p70), IL-13, IL-15, IL-17, IP-10, KC, MCP-1, MIP-1 α , RANTES, TNF α
- Canine Cytokine Panel – 14 Plex:** IL-2, IL-4, IL-6, IL-7, IL-8, IL-10, IL-15, IL-18, IFN γ , IP-10, GM-CSF, KC, MCP-1, TNF α

Samples Sent Are:

- Serum
 - Plasma
 - Other _____
 - Cell Culture Media*
- *Please provide 10 mls of blank media with the shipment.

For Internal Use Only:

Date Received: _____	Shipping Conditions:	<input type="checkbox"/> Acceptable
By: _____		<input type="checkbox"/> Unacceptable
Box # _____	Action Taken:	_____
# of Samples _____		_____
Results _____	Date: _____ By: _____	Customer # _____
	e-mailed / FAX'd	



MILLIPLEX[®] MAP Introductory Sample Offer

Cytokine/ Neuropeptide Multiplex Panels – \$1,999 Mouse, Human

Millipore is pleased to offer bioanalytical services for the **MILLIPLEX MAP** Introductory Special – one time offer for up to 35 samples. **Please reference the attached shipping and handling instructions.**

NOTE: Data obtained from these services are for research purposes only and cannot be used for clinical or diagnostic purposes.

Purchase Order No: _____

Cardholder: _____ FAX Receipt to: _____	Card Number _____ Exp _____
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Client: _____
 Telephone No.: _____
 Email: _____

Princ. Investigator: _____
 Ship Date: _____
 Special Request(s): _____

Billing Address:
 Company Name: _____
 Address: _____

Send Results to:
 Company Name: _____
 Address: _____

Attention: _____
 Send Results via: **E-mail** **FAX** **Mail**

Attention: _____
 FAX No./e-mail: _____

Please check **MILLIPLEX** Introductory Offer Requested:

- Mouse Cytokine Panel – 32 Plex:** Eotaxin, G-CSF, GM-CSF, IFN γ , IL-1 α , IL-1 β , IL-2, IL-4, IL-3, IL-5, IL-6, IL-7, IL-9, IL-10, IL-12 (p40), IL-12 (p70), IL-13, IL-15, IL-17, IP-10, KC, LIF, LIX, MCP-1, M-CSF, MIG, MIP-1 α , MIP-1 β , MIP-2, RANTES, TNF α , VEGF
- Human Neuropeptide Panel – 8 Plex:** β -Endorphin, Cortisol, Neurotensin, Orexin A, Substance P, Melatonin, Oxytocin, α -MSH

Samples Sent Are:

- Cell Culture Media*
 - Other _____
- *Please provide 10 mls of blank media with the shipment.

For Internal Use Only:

Date Received: _____	Shipping Conditions: <input type="checkbox"/> Acceptable
By: _____	<input type="checkbox"/> Unacceptable
Box # _____	Action Taken: _____
# of Samples _____	_____
Results	e-mailed / FAX'd
Date: _____	By: _____
Customer #	



MILLIPLEX[®] MAP Introductory Sample Offer

**Cytokine Multiplex Panels – \$2,200
Human – 39 & 42 Plex**

Millipore is pleased to offer bioanalytical services for the **MILLIPLEX MAP** Introductory Special – one time offer for up to 35 samples. **Please reference the attached shipping and handling instructions.**

NOTE: Data obtained from these services are for research purposes only and cannot be used for clinical or diagnostic purposes.

Purchase Order No: _____

Visa	Mastercard	_____	_____
		Card Number	Exp
Cardholder:		_____	
FAX Receipt to:			

Client: _____
Telephone No.: _____
Email: _____

Princ. Investigator: _____
Ship Date: _____
Special Request(s): _____

Billing Address:
Company Name: _____
Address: _____

Send Results to:
Company Name: _____
Address: _____

Attention: _____
Send Results via: **E-mail** **FAX** **Mail**

Attention: _____
FAX No./e-mail: _____

Please check **MILLIPLEX** Introductory Offer Requested:

- Human Cytokine Panel – 39 Plex:** EGF, Eotaxin, FGF-2, Fit-3L, Fractalkine, G-CSF, GM-CSF, GRO, IFN α 2, IFN γ , IL-1 α , IL-1 β , IL-1ra, IL-2, IL-3, IL-4, IL-5, IL-6, IL-7, IL-8, IL-9, IL-10, IL-12 (p40), IL-12 (p70), IL-13, IL-15, IL-17, IP-10, MCP-1, MCP-3, MDC, MIP-1 α , MIP-1 β , sCD40K, sIL-2R α , TGF α , TNF α , TNF β , VEGF
- Human Cytokine Panel – 42 Plex:** EGF, Eotaxin, FGF-2, Fit-3L, Fractalkine, G-CSF, GM-CSF, GRO, IFN α 2, IFN γ , IL-1 α , IL-1 β , IL-1ra, IL-2, IL-3, IL-4, IL-5, IL-6, IL-7, IL-8, IL-9, IL-10, IL-12 (p40), IL-12 (p70), IL-13, IL-15, IL-17, IP-10, MCP-1, MCP-3, MDC, MIP-1 α , MIP-1 β , sCD40L, sIL-2R α , TGF α , TNF α , TNF β , VEGF, PDGF-AA, PDGF-AB/BB, RANTES

Samples Sent Are:

- Cell Culture Media*
 - Other _____
- *Please provide 10 mls of blank media with the shipment.

For Internal Use Only:

Date Received: _____	Shipping Conditions:	<input type="checkbox"/> Acceptable
By: _____		<input type="checkbox"/> Unacceptable
Box # _____	Action Taken:	_____
# of Samples _____		_____
Results	e-mailed / FAX'd	Date: _____ By: _____ Customer # _____



MILLIPLEX[®] MAP Introductory Sample Offer

Endocrine Multiplex Panels - \$999 Human, Mouse, Rat & Canine

Millipore is pleased to offer bioanalytical services for the **MILLIPLEX MAP** Introductory Special – one time offer for up to 35 samples. **Please reference the attached shipping and handling instructions.**

NOTE: Data obtained from these services are for research purposes only and cannot be used for clinical or diagnostic purposes.

Purchase Order No: _____

Visa	Mastercard	_____
		Card Number
		Exp
Cardholder: _____		
FAX Receipt to: _____		

Client: _____
Telephone No.: _____
Email: _____

Princ. Investigator _____
Ship Date: _____
Special Request(s): _____

Billing Address:
Company Name: _____
Address: _____

Send Results to:
Company Name: _____
Address: _____

Attention: _____
Send results via: E-mail FAX Mail

Attention: _____
FAX No./e-mail: _____

Please check **MILLIPLEX** Introductory Offer Requested:

- Human Endocrine Panel – 6 Plex:** Insulin, Leptin, GLP-1, Amylin, C-Peptide, Glucagon
- Mouse Endocrine Panel – 5 Plex:** Insulin, Leptin, GLP-1, Amylin, Glucagon
- Rat Endocrine Panel – 5 Plex:** Insulin, Leptin, GLP-1, Amylin, Glucagon
- Canine Endocrine Panel – 4 Plex:** Insulin, Leptin, GLP-1, Glucagon

Samples Sent Are:

- Serum
- Plasma
- Other _____
- Cell Culture Media*

*Please provide 10 mls of blank media with the shipment.

For Internal Use Only:

Date Received: _____	Shipping Conditions: <input type="checkbox"/> Acceptable
By: _____	<input type="checkbox"/> Unacceptable
Box # _____	Action Taken: _____
# of Samples _____	_____
Results _____	Customer # _____
e-mailed / FAX'd _____	Date: _____ By: _____



MILLIPLEX[®] MAP Introductory Sample Offer

Pituitary, Thyroid, Gut Hormone Multiplex Panels - \$999
Human, Mouse & Rat

Millipore is pleased to offer bioanalytical services for the **MILLIPLEX MAP** Introductory Special – one time offer for up to 35 samples. **Please reference the attached shipping and handling instructions.**

NOTE: Data obtained from these services are for research purposes only and cannot be used for clinical or diagnostic purposes.

Purchase Order No: _____

Visa	Mastercard	_____	_____
		Card Number	Exp
Cardholder:		_____	
FAX Receipt to:		_____	

Client: _____
Telephone No.: _____
Email: _____

Princ. Investigator _____
Ship Date: _____
Special Request(s): _____

Billing Address:
Company Name _____
Address: _____

Send Results to:
Company Name _____
Address: _____

Attention: _____
Send results via: **E-mail** **FAX** **Mail**

Attention: _____
FAX No./e-mail: _____

Please check **MILLIPLEX** Introductory Offer Requested:

- Human Pituitary – 6 Plex:** FSH, LH, TSH, Prolactin, GH, ACTH
- Rat Pituitary – 7 Plex:** BDNF, GH, TSH, ACTH, LH, Prolactin, FSH
- Human Gut Hormone – 8 Plex:** Amylin (active or total), Ghrelin (active), Leptin, GIP, GLP-1, Pancreatic Polypeptide (PP), PYY (total), Insulin
- Rat Gut Hormone – 8 Plex:** Amylin (active), Insulin, Ghrelin (active), GIP (total), GLP1 (active), Leptin, PYY (total), PP
- Mouse Gut Hormone - 8 Plex:** Amylin (active), Insulin, Ghrelin (active), GIP (total), GLP1 (active), Leptin, PYY (total), PP
- Rat Thyroid Hormone – 3 Plex:** T3, T4, TSH
- Human Brain-Derived Protein Panel – 9 Plex:** ACTH, ACRP, BDNF, CNTF, FSH, GH, LH, Prolactin, TSH

Samples Sent Are:

- Serum
- Plasma
- Other _____
- Cell Culture Media*

*Please provide 10 mls of blank media with the shipment.

For Internal Use Only:

Date Received: _____	Shipping Conditions:	<input type="checkbox"/> Acceptable
By: _____		<input type="checkbox"/> Unacceptable
Box # _____	Action Taken:	_____
# of Samples _____		_____
Results	e-mailed / FAX'd	Date: _____ By: _____ Customer # _____



MILLIPLEX[®] MAP Introductory Sample Offer

Adipocyte Multiplex Panels - \$999 Human, Mouse & Rat

Millipore is pleased to offer bioanalytical services for the **MILLIPLEX MAP** Introductory Special – one time offer for up to 35 samples. **Please reference the attached shipping and handling instructions.**

NOTE: Data obtained from these services are for research purposes only and cannot be used for clinical or diagnostic purposes.

Purchase Order No: _____

Cardholder: _____ FAX Receipt to: _____	Card Number _____ Exp _____
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Client: _____
Telephone No.: _____
Email: _____

Princ. Investigator _____
Ship Date: _____
Special Request(s): _____

Billing Address:
Company Name _____
Address: _____

Send Results to:
Company Name _____
Address: _____

Attention: _____
Send results via: E-mail FAX Mail

Attention: _____
FAX No./e-mail: _____

Please check **MILLIPLEX** Introductory Offer Requested:

- Human Adipocyte – 11 Plex:** Adiponectin, IL-1 β , IL-6, IL-8, HGF, NGF, Leptin, MCP-1, TNF α , Resistin, PAI-1 (Active) or PAI-1 (Total)
- Mouse Adipocyte – 7 Plex:** Adiponectin, IL-6, Leptin, MCP-1, TNF α , PAI-1 (Total), Resistin
- Rat Adipocyte – 7 Plex:** IL-1 β , IL-6, Adiponectin, Leptin, MCP-1, TNF α , PAI-1 (Active) or PAI-1 (Total)

Samples Sent Are:

- Cell Culture Media*
- Other _____

*Please provide 10 mls of blank media with the shipment.

For Internal Use Only:

Date Received: _____	Shipping Conditions: <input type="checkbox"/> Acceptable
By: _____	<input type="checkbox"/> Unacceptable
Box # _____	Action Taken: _____
# of Samples _____	_____
Results <input type="checkbox"/> e-mailed / FAX'd	Date: _____ By: _____ Customer # _____



MILLIPLEX[®] MAP Introductory Sample Offer

Adipokine Multiplex Panels - \$999 Human, Mouse & Rat

Millipore is pleased to offer bioanalytical services for the **MILLIPLEX MAP** Introductory Special – one time offer for up to 35 samples. **Please reference the attached shipping and handling instructions.**

NOTE: Data obtained from these services are for research purposes only and cannot be used for clinical or diagnostic purposes.

Purchase Order No: _____

Visa	Mastercard	_____	_____
		Card Number	Exp
Cardholder: _____			
FAX Receipt to: _____			

Client: _____ Princ. Investigator _____
 Telephone No.: _____ Ship Date: _____
 Email: _____ Special Request(s): _____

Billing Address: _____ **Send Results to:** _____
Company Name _____ **Company Name** _____
Address: _____ **Address:** _____

Attention: _____ **Attention:** _____
 Send results via: **E-mail** **FAX** **Mail** **FAX No./e-mail:** _____

Please check **MILLIPLEX** Introductory Offer Requested:

- Human Serum Adipokine Panel A – 3 Plex:** Adiponectin, Resistin, PAI-1 (Active) or PAI-1 (Total)
- Human Serum Adipokine Panel B – 9 Plex:** IL-1 β , IL-6, IL-8, Insulin, Leptin, MCP-1, TNF- α , HGF, NGF
- Canine Adipokine – 2 Plex:** Adiponectin, Resistin
- Mouse Serum Adipokine – 7 Plex:** IL-6, Insulin, Leptin, MCP-1, TNF- α , PAI-1 (Total), Resistin
- Rat Serum Adipokine – 7 Plex:** IL-1 β , IL-6, Insulin, Leptin, MCP-1, TNF- α , PAI-1 (Active) or PAI-1 (Total)

Samples Sent Are:

- Serum
- Plasma
- Other _____
- Cell Culture Media*

*Please provide 10 mls of blank media with the shipment.

For Internal Use Only:

Date Received: _____	Shipping Conditions: <input type="checkbox"/> Acceptable
By: _____	<input type="checkbox"/> Unacceptable
Box # _____	Action Taken: _____
# of Samples _____	_____
Results <input type="checkbox"/> e-mailed / FAX'd	Date: _____ By: _____ Customer # _____



MILLIPLEX[®] MAP Introductory Sample Offer

Apolipoprotein, Sepsis/Apoptosis & Skin Multiplex Panels - \$999 Human

Millipore is pleased to offer bioanalytical services for the **MILLIPLEX MAP** Introductory Special – one time offer for up to 35 samples. **Please reference the attached shipping and handling instructions.**

NOTE: Data obtained from these services are for research purposes only and cannot be used for clinical or diagnostic purposes.

Purchase Order No: _____

Visa	Mastercard	_____	_____
		Card Number	Exp
Cardholder:		_____	
FAX Receipt to:		_____	

Client: _____
Telephone No.: _____
Email: _____

Princ. Investigator _____
Ship Date: _____
Special Request(s): _____

Billing Address:
Company Name: _____
Address: _____

Send Results to:
Company Name: _____
Address: _____

Attention: _____
Send Results via: **E-mail** **FAX** **Mail**

Attention: _____
FAX No./e-mail: _____

Please check **MILLIPLEX** Introductory Offer Requested:

Samples Sent Are:

- Human Apolipoprotein Panel – 6 Plex:** A-I, A-II, B, C-II, C-III, E
- Human Sepsis / Apoptosis – 6 Plex:** sVCAM-1, sICAM-1, sFas, sFasL, MIF, PAI-1 (Total)
- Human Skin Panel – 5 Plex** (Skin Extracts or Tissue Culture Only): Fibronectin, Cortisol, Keratin-6, Keratin-1, 10, 11, Involucrin, LPS, HSA

- Serum
- Plasma
- Other _____
- Cell Culture Media*

*Please provide 10 mls of blank media with the shipment

For Internal Use Only:

Date Received: _____	Shipping Conditions:	<input type="checkbox"/> Acceptable
By: _____		<input type="checkbox"/> Unacceptable
Box # _____	Action Taken:	_____
# of Samples _____		_____
Results _____	e-mailed / FAX'd _____	Date: _____ By: _____ Customer # _____



MILLIPLEX[®] MAP Introductory Sample Offer

Cardiovascular Disease Multiplex Panels - \$999 Human, Mouse & Rat

Millipore is pleased to offer bioanalytical services for the **MILLIPLEX MAP** Introductory Special – one time offer for up to 35 samples. **Please reference the attached shipping and handling instructions.**

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Purchase Order No: _____

Visa	Mastercard	_____	_____
		Card Number	Exp
Cardholder: _____			
FAX Receipt to: _____			

Client: _____
Telephone No.: _____
Email: _____

Princ. Investigator _____
Ship Date: _____
Special Request(s): _____

Billing Address:
Company Name: _____
Address: _____

Send Results to:
Company Name: _____
Address: _____

Attention: _____
Send Results via: **E-mail** **FAX** **Mail**

Attention: _____
FAX No./e-mail: _____

Please check **MILLIPLEX** Introductory Offer Requested:

- Human Cardiovascular Panel 1 – 7 Plex:** sE-Selectin, sVCAM-1, sICAM-1, MMP-9, MPO, Adiponectin, PAI-1 (total)
- Human Cardiovascular Panel 2 – 3 Plex:** CRP, SAA, SAP
- Human Cardiovascular Panel 3 – 9 Plex:** IL-1 β , IL-6, IL-8, IL-10, IFN- γ , TNF- α , MCP-1, NT-proBNP, VEGF
- Mouse Cardiovascular Panel 1 – 5 Plex:** sE-Selectin, MMP-9, sICAM-1, sVCAM-1, PAI-1(total)
- Mouse Cardiovascular Panel 2 – 4 Plex:** Apo A1, Apo E, Fibrinogen, Adiponectin
- Rat Cardiovascular Panel 1 – 11 Plex:** BNP, IL-6, MCP-1, MPO, PAI-1 (total), TIMP-1, TNF α , Tnl, TnT, VEGF, vWF
- Rat Cardiovascular Panel 2 – 2 Plex:** sE-Selectin, sICAM-1
- Rat Cardiovascular Panel 3 – 2 Plex:** Adiponectin, Fibrinogen

Samples Sent Are:

- Serum
 - Plasma
 - Other _____
 - Cell Culture Media*
- *Please provide 10 mls of blank media with the shipment

For Internal Use Only:

Date Received: _____	Shipping Conditions: <input type="checkbox"/> Acceptable
By: _____	<input type="checkbox"/> Unacceptable
Box # _____	Action Taken: _____
# of Samples _____	_____
Results e-mailed / FAX'd	Date: _____ By: _____ Customer # _____



MILLIPLEX[®] MAP Introductory Sample Offer

Bone Multiplex Panels - \$999 Human, Mouse & Rat

Millipore is pleased to offer bioanalytical services for the **MILLIPLEX MAP** Introductory Special – one time offer for up to 35 samples. **Please reference the attached shipping and handling instructions.**

NOTE: Data obtained from these services are for research purposes only and cannot be used for clinical or diagnostic purposes.

Purchase Order No: _____

Visa Mastercard _____ Cardholder: FAX Receipt to: _____	Card Number _____ Exp _____
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Client: _____
Telephone No.: _____
Email: _____

Princ. Investigator _____
Ship Date: _____
Special Request(s): _____

Billing Address:
Company Name: _____
Address: _____

Send Results to:
Company Name: _____
Address: _____

Attention: _____
Send Results via: **E-mail FAX Mail**

Attention: _____
FAX No./e-mail: _____

Please check **MILLIPLEX** Introductory Offer Requested:

Samples Sent Are:

- Mouse Bone Panel 1A – 6 Plex:** OPG, Insulin, Leptin, IL-6, TNF α , ACTH (Serum/Plasma Samples)
- Mouse Bone Panel 1B – 7 Plex:** OPG, Osteocalcin, Insulin, Leptin, IL-6, TNF α , ACTH (Cell/Tissue Culture Supernates)
- Mouse Bone Panel 2A – 6 Plex:** RANKL, Insulin, Leptin, IL-6, TNF α , ACTH (Serum/Plasma Samples)
- Mouse Bone Panel 2B – 7 Plex:** RANKL, Osteocalcin, Insulin, Leptin, IL-6, TNF α , ACTH (Cell/Tissue Culture Supernates)
- Rat Bone Panel 1 – 4 Plex:** Insulin, OPG, Leptin, ACTH
- Rat Bone Panel 2 – 4 Plex:** Insulin, RANKL, Leptin, ACTH
- Rat Bone Panel 3 – 3 Plex:** PTH, Osteopontin, Osteocalcin
- Human Bone Panel 1A – 7 Plex:** ACTH, Insulin, Leptin OC, OPG, OPN, PTH
- Human Bone Panel 1B – 11 Plex:** ACTH, Adiponectin, Insulin, IL-1 β , IL-6, Leptin, OC, OPG, OPN, PTH, TNF α

- Serum
- Plasma
- Other _____
- Cell Culture Media*

*Please provide 10 mls of blank media with the shipment

For Internal Use Only:

Date Received: _____	Shipping Conditions:	<input type="checkbox"/> Acceptable
By: _____		<input type="checkbox"/> Unacceptable
Box # _____	Action Taken: _____	
# of Samples _____		
Results e-mailed / FAX'd	Date: _____ By: _____	Customer # _____



MILLIPLEX[®] MAP Introductory Sample Offer

IGF Binding Protein/Stress Multiplex Panels - \$999 Rat, Human

Millipore is pleased to offer bioanalytical services for the **MILLIPLEX MAP** Introductory Special – one time offer for up to 35 samples. **Please reference the attached shipping and handling instructions.**

NOTE: Data obtained from these services are for research purposes only and cannot be used for clinical or diagnostic purposes.

Purchase Order No: _____

Cardholder: _____	Card Number	Exp
FAX Receipt to: _____		

Client: _____
Telephone No.: _____
Email: _____

Princ. Investigator _____
Ship Date: _____
Special Request(s): _____

Billing Address:
Company Name: _____
Address: _____

Send Results to:
Company Name: _____
Address: _____

Attention: _____
Send Results via: **E-mail** **FAX** **Mail**

Attention: _____
FAX No./e-mail: _____

Please check **MILLIPLEX** Introductory Offer Requested:
Rat Stress Hormone Panel – 3 Plex: ACTH, Melatonin, Corticosterone
Human IGF Binding Protein Panel – 7 Plex: IGFBP-1, IGFBP-2, IGFBP-3, IGFBP-4, IGFBP-5, IGFBP-6, IGFBP-7

Samples Sent Are:
 Serum Cell Culture Media*
 Plasma Other _____
 *Please provide 10 mls of blank media with the shipment

For Internal Use Only:

Date Received: _____	Shipping Conditions: <input type="checkbox"/> Acceptable
By: _____	<input type="checkbox"/> Unacceptable
Box # _____	Action Taken: _____
# of Samples _____	_____
Results <input type="checkbox"/> e-mailed / <input type="checkbox"/> FAX'd	Date: _____ By: _____ Customer # _____



MILLIPLEX[®] MAP Introductory Sample Offer

Soluble Cytokine Receptor Multiplex Panels - \$999 Human and Mouse

Millipore is pleased to offer bioanalytical services for the **MILLIPLEX MAP** Introductory Special – one time offer for up to 35 samples. **Please reference the attached shipping and handling instructions.**

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Purchase Order No: _____

Visa	Mastercard	_____	_____
		Card Number	Exp
Cardholder:		_____	
FAX Receipt to:		_____	

Client: _____
Telephone No.: _____
Email: _____

Princ. Investigator _____
Ship Date: _____
Special Request(s): _____

Billing Address:
Company Name: _____
Address: _____

Send Results to:
Company Name: _____
Address: _____

Attention: _____
Send Results via: E-mail FAX Mail

Attention: _____
FAX No./e-mail: _____

Please check **MILLIPLEX** Introductory Offer Requested:

Mouse Soluble Cytokine Receptor – 13 Plex: sCD30, sgp130, sIL1RI, sIL-1RII, sIL-2R α , sIL-4R, sIL-6R, sRAGE, sTNFR1, sTNFR2, sVEGFR1, sVEGFR2, sVEGFR3

Human Soluble Cytokine Receptor – 14 Plex: sCD30, sEGFR, sgp130, sIL1RI, sIL-1RII, sIL-2R α , sIL-4R, sIL-6R, sRAGE, sTNFR1, sTNFR2, sVEGFR1, sVEGFR2, sVEGFR3

Samples Sent Are:

- Serum Cell Culture Media*
- Plasma Other _____

*Please provide 10 mls of blank media with the shipment

For Internal Use Only:

Date Received: _____	Shipping Conditions: <input type="checkbox"/> Acceptable
By: _____	<input type="checkbox"/> Unacceptable
Box # _____	Action Taken: _____
# of Samples _____	_____
Results e-mailed / FAX'd	Date: _____ By: _____ Customer # _____



MILLIPLEX[®] MAP Introductory Sample Offer

Neurodegenerative Disease Multiplex Panels - \$999 Human

Millipore is pleased to offer bioanalytical services for the **MILLIPLEX MAP** Introductory Special – one time offer for up to 35 samples. **Please reference the attached shipping and handling instructions.**

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Purchase Order No: _____

Visa	Mastercard	_____	_____
		Card Number	Exp
Cardholder:		_____	
FAX Receipt to:		_____	

Client: _____
Telephone No.: _____
Email: _____

Princ. Investigator _____
Ship Date: _____
Special Request(s): _____

Billing Address:
Company Name: _____
Address: _____

Send Results to:
Company Name: _____
Address: _____

Attention: _____
Send Results via: E-mail FAX Mail

Attention: _____
FAX No./e-mail: _____

Please check **MILLIPLEX** Introductory Offer Requested:

Human Neurodegenerative Disease Panel 1 – 7 Plex:
 α2-Macroglobulin, Apo AI, Apo CIII, Apo E,
 Complement C3, Complement Factor H, Prealbumin

Human Neurodegenerative Disease Panel 2 – 6 Plex:
 α1-Antitrypsin, Complement C4, CRP, MIP-4, PEDF, SAP

Human Neurodegenerative Disease Panel 3 – 10 Plex:
 BDNF, sVCAM-1, sICAM-1, MPO, Cathepsin D, PDGF-AA,
 PDGF-AB/BB, RANTES, PAI-1 (total), NCAM

Samples Sent Are:

- Serum Cell Culture Media*
- Plasma Other _____

*Please provide 10 mls of blank media with the shipment

For Internal Use Only:

Date Received: _____	Shipping Conditions: <input type="checkbox"/> Acceptable
By: _____	<input type="checkbox"/> Unacceptable
Box # _____	Action Taken: _____
# of Samples _____	_____
Results <input type="checkbox"/> e-mailed / FAX'd	Date: _____ By: _____ Customer # _____



MILLIPLEX[®] MAP Introductory Sample Offer

Kidney Toxicity Panels - \$999 Rat

Millipore is pleased to offer bioanalytical services for the **MILLIPLEX MAP** Introductory Special – one time offer for up to 35 samples. **Please reference the attached shipping and handling instructions.**

NOTE: Data obtained from these services are for research purposes only and cannot be used for clinical or diagnostic purposes.

Purchase Order No: _____

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="text"/> Card Number	<input type="text"/> Exp
Cardholder: _____			
FAX Receipt to: _____			

Client: _____
 Telephone No.: _____
 Email: _____

Princ. Investigator _____
 Ship Date: _____
 Special Request(s): _____

Billing Address:
 Company Name: _____
 Address: _____

Send Results to:
 Company Name: _____
 Address: _____

Attention: _____
 Send Results via: E-mail FAX Mail

Attention: _____
 FAX No./e-mail: _____

Please check **MILLIPLEX** Introductory Offer Requested:

Rat Kidney Toxicity Panel 1 – 3 Plex: Clusterin, KIM-1, Osteopontin

Rat Kidney Toxicity Panel 2 – 3 Plex: Albumin, β -2-Microglobulin, Cystatin C

Samples Sent Are:

- Serum Cell Culture Media*
 Plasma Other _____

*Please provide 10 mls of blank media with the shipment

For Internal Use Only:

Date Received: _____	Shipping Conditions: <input type="checkbox"/> Acceptable
By: _____	<input type="checkbox"/> Unacceptable
Box # _____	Action Taken: _____
# of Samples _____	_____
Results e-mailed / FAX'd	Date: _____ By: _____ Customer # _____



MILLIPLEX[®] MAP Introductory Sample Offer

Metabolic Hormone Panel - \$999 Human

Millipore is pleased to offer bioanalytical services for the **MILLIPLEX MAP** Introductory Special – one time offer for up to 35 samples. **Please reference the attached shipping and handling instructions.**

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Purchase Order No: _____

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="text"/> Card Number	<input type="text"/> Exp
Cardholder: _____			
FAX Receipt to: _____			

Client: _____
 Telephone No.: _____
 Email: _____

Princ. Investigator _____
 Ship Date: _____
 Special Request(s): _____

Billing Address:
 Company Name: _____
 Address: _____

Send Results to:
 Company Name: _____
 Address: _____

Attention: _____
 Send Results via: E-mail FAX Mail

Attention: _____
 FAX No./e-mail: _____

Please check **MILLIPLEX** Introductory Offer Requested:

Human Metabolic Hormone Panel – 12 Plex: Amyline (active or total) , C-Peptide, Ghrelin, GLP-1, Glucagon, IL-6, Insulin, Leptin, MCP-1, PP, PYY, TNF α

Samples Sent Are:

- Serum Cell Culture Media*
- Plasma Other _____

*Please provide 10 mls of blank media with the shipment

For Internal Use Only:

Date Received: _____	Shipping Conditions: <input type="checkbox"/> Acceptable
By: _____	<input type="checkbox"/> Unacceptable
Box # _____	Action Taken: _____
# of Samples _____	_____
Results <input type="checkbox"/> e-mailed / FAX'd	Date: _____ By: _____ Customer # _____