

Sample Testing Order Form

Requirements:

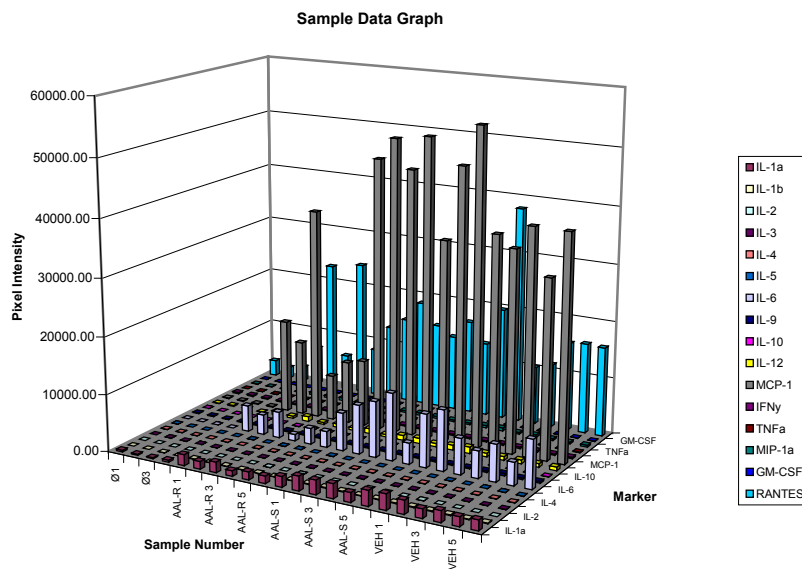
1. Sample Types – The samples can be serum, plasma, cell culture supernatant cell lysate, cell culture media, and/or tissue homogenates. Make sure to specify the type of sample and buffer constituents used for the samples on the order form.
2. Sample Volume – It is optimal for 300 ul of each sample to be sent per array, but a minimum volume of 150ul per array is acceptable. Note: 150ul is the minimum volume needed to test the sample in triplicate and will not be enough sample if it is necessary to retest.
3. Minimum Number of Samples – 8 samples per array is required. Please contact Quansys for price quotes if requesting sample testing for less than 8 samples.
4. Sample should be shipped frozen on 3-5 lbs dry ice overnight, Monday through Thursday.
5. **For research use only.** Not intended for diagnostic applications.

Sample Results:

1. Turn Around Time – A completed report of the samples will be mailed, faxed, or emailed to the customer within ten business days of sample receipt.
2. Reporting Results – All results will be reported in a Microsoft Excel spreadsheet format. The spreadsheet will contain raw data, charts, and calculated concentrations derived from linear regression from each of the samples tested.
3. Samples will be destroyed 3 months after the date of receipt. If requested at the time the order is placed samples will be returned to the customer at the customer's expense.

Price Quote:

To obtain a quote please contact our Sales Department at 1-888-QUANSYS before sending your samples.



For more information please contact us:

365 North 600 West
Logan, Utah 84321

Toll Free: 888-782-6797
Phone: 435-752-0531
Fax: 435-750-6869

info@quansysbio.com
www.quansysbio.com

Quansys Biosciences Sample Testing Order Form:
Please fill out this form completely and return with your samples.

Q-Plex™ Human Cytokine/Chemokine				Markers	Price/sample	# samples	Total
<input type="checkbox"/> IL-1α	<input type="checkbox"/> IL-1β	<input type="checkbox"/> IL-2	<input type="checkbox"/> IL-4	1 to 9	\$72	x _____	= _____
<input type="checkbox"/> IL-5	<input type="checkbox"/> IL-6	<input type="checkbox"/> IL-8	<input type="checkbox"/> IL-10	10 to 12	\$84	x _____	= _____
<input type="checkbox"/> IL-12p70	<input type="checkbox"/> IL-13	<input type="checkbox"/> IL-15	<input type="checkbox"/> IL-17	13 to 16	\$100	x _____	= _____
<input type="checkbox"/> IL-23	<input type="checkbox"/> IFNγ	<input type="checkbox"/> TNFα	<input type="checkbox"/> TNFβ	17 to 20	\$108	x _____	= _____
<input type="checkbox"/> Eotaxin	<input type="checkbox"/> GROα	<input type="checkbox"/> MCP-1	<input type="checkbox"/> MCP-2	21 to 25	\$116	x _____	= _____
<input type="checkbox"/> RANTES	<input type="checkbox"/> I-309	<input type="checkbox"/> TARC	<input type="checkbox"/> IP-10				

Q-Plex™ Human Angiogenesis

<input type="checkbox"/> ANG-2	<input type="checkbox"/> HGF	<input type="checkbox"/> PDGF-BB	<input type="checkbox"/> TIMP-1	1 to 4	\$52	x _____	= _____
<input type="checkbox"/> TIMP-2	<input type="checkbox"/> IL-8	<input type="checkbox"/> VEGF	<input type="checkbox"/> TNFα	5 to 9	\$72	x _____	= _____
<input type="checkbox"/> FGF basic							

Q-Plex™ Mouse Cytokine/Chemokine

<input type="checkbox"/> IL-1α	<input type="checkbox"/> IL-1β	<input type="checkbox"/> IL-2	<input type="checkbox"/> IL-3	1 to 9	\$72	x _____	= _____
<input type="checkbox"/> IL-4	<input type="checkbox"/> IL-5	<input type="checkbox"/> IL-6	<input type="checkbox"/> IL-10	10 to 12	\$84	x _____	= _____
<input type="checkbox"/> IL-12p70	<input type="checkbox"/> IL-17	<input type="checkbox"/> MCP-1	<input type="checkbox"/> IFNγ	13 to 16	\$100	x _____	= _____
<input type="checkbox"/> TNFα	<input type="checkbox"/> MIP-1α	<input type="checkbox"/> GMCSF	<input type="checkbox"/> RANTES	17 to 20	\$108	x _____	= _____
<input type="checkbox"/> Eotaxin	<input type="checkbox"/> KC	<input type="checkbox"/> MDC	<input type="checkbox"/> TARC	21 to 25	\$116	x _____	= _____
<input type="checkbox"/> TCA-3							

Total \$ _____

Please send samples to:

Quansys Biosciences
Attn: Sample Testing
365 North 600 West
Logan, Utah 84321

Quansys Biosciences Sample Testing Order Form:
Please fill out this form completely and return with your samples.

Date: _____

Name: _____

PI/Supervisor: _____ e-mail: _____

Company/Institution: _____

Billing Address: _____

Phone: _____ Fax: _____

E-mail: _____

Send Results To: _____ Via (circle one): Mail Fax E-mail

Sample Type/Buffer: _____

Protein Concentration _____ (Suggested 1 mg/ml)

Sample/Cell/Tissue Type: _____

Sample Types: Cell Culture Media = CCM; Plasma = P; Serum = S; Tissue Culture Supernatant = TCS; Cell Extracts = CE; Tissue Homogenates = TH

Total # of Samples: _____ (300-150ul min.vol.) Total # of Markers: _____

Quote #: _____ Payment Method: _____

Purchase Order Number: _____

Please indicate any special considerations for the samples (i.e. Dilution factors, vial labeling, buffer constituents, anticipated assay ranges, etc.): _____

To the best of my knowledge the samples contained in this shipment are not infectious to humans.

Signature/Date

For Quansys Use Only

Date Received: _____ Total # of Samples: _____

Received By: _____ Shipping Conditions: Acceptable Unacceptable

Comments: _____

Your Multiplex Partner

All Products for Research Use Only