

Sample Testing Quote Request



Requirements:

1. Sample Types – The samples can be serum, plasma, cell culture supernatant, and cell culture media. Make sure to specify the type of sample and buffer constituents used for the samples on the form. **Clearly** label each vial using permanent marking and provide a list of the samples in the shipment. **The labeling should exactly match the digital manifest.**

Note: Due to the variety of methods and materials used in preparation, tissue homogenates and cell lysates have not been validated for this service. If you choose to send these sample types, please be aware we are unable to guarantee satisfactory results.

2. Sample Volume – It is optimal for at least 200 µl of each sample to be sent per array. Based on your request, additional volume may be needed. This volume allows for **triplicate** testing of each sample.

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 overnight, Monday through Thursday, frozen with **3-5 lbs dry ice**. Protect the samples from damage by putting them in a box or wrapped in bubble wrap and not loose

among the dry ice as this will damage the vials and labeling.

5. **For research use only.** Not intended for diagnostic applications.

Sample Results:

1. Turn Around Time – A completed report of the samples will be emailed to the customer. Typical turnaround times range from **5 to 10 days** based on the assays requested. The quote provided to the customer will give a firm estimate of the time to receive data.

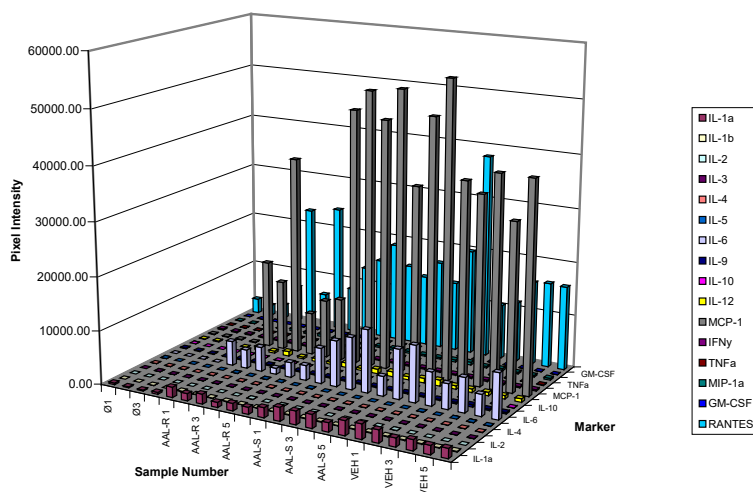
2. Reporting Results – All results will be reported in a Microsoft Excel spreadsheet format. The spreadsheet will contain raw data, charts, and calculated concentrations derived from linear regression from each of the samples tested. A written report explaining the technology is also provided.

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 or sales@quansysbio.com before sending your samples.

Sample Data Graph



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

sales@quansysbio.com
www.quansysbio.com

Quansys Biosciences Sample Testing Quote Request:

Please fill out this form completely and return with your samples.

Q-Plex™ Human Assays

<input type="checkbox"/> Adiponectin	<input type="checkbox"/> AGP	<input type="checkbox"/> Ang-2	<input type="checkbox"/> BDNF	<input type="checkbox"/> CD-14
<input type="checkbox"/> CD-26	<input type="checkbox"/> CD-163	<input type="checkbox"/> CEA	<input type="checkbox"/> Cortisol	<input type="checkbox"/> C-Peptide
<input type="checkbox"/> CRP	<input type="checkbox"/> CTACK	<input type="checkbox"/> CXCL-5	<input type="checkbox"/> E1G	<input type="checkbox"/> E2 (Estradiol)
<input type="checkbox"/> EGF	<input type="checkbox"/> Eotaxin	<input type="checkbox"/> Eotaxin-3	<input type="checkbox"/> Ferritin	<input type="checkbox"/> FGF-basic
<input type="checkbox"/> Fractalkine	<input type="checkbox"/> FSH	<input type="checkbox"/> GCSF	<input type="checkbox"/> Ghrelin	<input type="checkbox"/> GMCSF
<input type="checkbox"/> GRO α	<input type="checkbox"/> HCGb	<input type="checkbox"/> HGF	<input type="checkbox"/> HRP2	<input type="checkbox"/> I-309
<input type="checkbox"/> IFN γ	<input type="checkbox"/> IFN γ HS	<input type="checkbox"/> IL-1 α	<input type="checkbox"/> IL-1 α HS	<input type="checkbox"/> IL-1 β
<input type="checkbox"/> IL-1 β HS	<input type="checkbox"/> IL-1R1	<input type="checkbox"/> IL-1R2	<input type="checkbox"/> IL-1R3	<input type="checkbox"/> IL-1R4
<input type="checkbox"/> IL-1Ra	<input type="checkbox"/> IL-2	<input type="checkbox"/> IL-2 HS	<input type="checkbox"/> IL-2Ra	<input type="checkbox"/> IL-4
<input type="checkbox"/> IL-4 HS	<input type="checkbox"/> IL-5	<input type="checkbox"/> IL-5 HS	<input type="checkbox"/> IL-6	<input type="checkbox"/> IL-6 HS
<input type="checkbox"/> IL-6R	<input type="checkbox"/> IL-7	<input type="checkbox"/> IL-8	<input type="checkbox"/> IL-10	<input type="checkbox"/> IL-10 HS
<input type="checkbox"/> IL-12p40	<input type="checkbox"/> IL-12p70	<input type="checkbox"/> IL-12p70 HS	<input type="checkbox"/> IL-13	<input type="checkbox"/> IL-13 HS
<input type="checkbox"/> IL-15	<input type="checkbox"/> IL-15 HS	<input type="checkbox"/> IL-16	<input type="checkbox"/> IL-17	<input type="checkbox"/> IL-17 HS
<input type="checkbox"/> IL-18	<input type="checkbox"/> IL-21	<input type="checkbox"/> IL-22	<input type="checkbox"/> IL-27	<input type="checkbox"/> IL-33
<input type="checkbox"/> IP-10	<input type="checkbox"/> LDH-Pan	<input type="checkbox"/> LDH-Pf	<input type="checkbox"/> LDH-Pv	<input type="checkbox"/> Leptin
<input type="checkbox"/> MCP-1	<input type="checkbox"/> MCP-2	<input type="checkbox"/> MCP-3	<input type="checkbox"/> MIF	<input type="checkbox"/> MIG
<input type="checkbox"/> MIP-1 α	<input type="checkbox"/> MIP-1 β	<input type="checkbox"/> MMP 1	<input type="checkbox"/> MMP 2	<input type="checkbox"/> MMP 3
<input type="checkbox"/> MMP 7	<input type="checkbox"/> MMP 9	<input type="checkbox"/> MMP 13	<input type="checkbox"/> MPO	<input type="checkbox"/> NSE
<input type="checkbox"/> P4	<input type="checkbox"/> PDG	<input type="checkbox"/> PDGF	<input type="checkbox"/> PDGF-AB/BB	<input type="checkbox"/> PF-4
<input type="checkbox"/> P-Selectin	<input type="checkbox"/> RANTES	<input type="checkbox"/> RBP4	<input type="checkbox"/> Resistin	<input type="checkbox"/> S100A9
<input type="checkbox"/> sFAS	<input type="checkbox"/> sTfR	<input type="checkbox"/> Survivin	<input type="checkbox"/> TARC	<input type="checkbox"/> Tg
<input type="checkbox"/> TGF β	<input type="checkbox"/> TIMP-1	<input type="checkbox"/> TIMP-2	<input type="checkbox"/> TNF α	<input type="checkbox"/> TNF α HS
<input type="checkbox"/> TNF β	<input type="checkbox"/> TNF β HS	<input type="checkbox"/> TNFR1	<input type="checkbox"/> TNFR2	<input type="checkbox"/> VCAM
<input type="checkbox"/> VEGF	<input type="checkbox"/> YKL40			

Q-Plex™ Mouse Assays

<input type="checkbox"/> Eotaxin	<input type="checkbox"/> GMCSF	<input type="checkbox"/> IFN γ	<input type="checkbox"/> IL-1 α	<input type="checkbox"/> IL-1 β
<input type="checkbox"/> IL-2	<input type="checkbox"/> IL-3	<input type="checkbox"/> IL-4	<input type="checkbox"/> IL-5	<input type="checkbox"/> IL-6
<input type="checkbox"/> IL-10	<input type="checkbox"/> IL-12	<input type="checkbox"/> IL-13	<input type="checkbox"/> IL-17	<input type="checkbox"/> KC
<input type="checkbox"/> MCP-1	<input type="checkbox"/> MDC	<input type="checkbox"/> MIP-1 α	<input type="checkbox"/> MIP-2	<input type="checkbox"/> RANTES
<input type="checkbox"/> TARC	<input type="checkbox"/> TCA-3	<input type="checkbox"/> TNF α		

Q-Plex™ Rat Assays

<input type="checkbox"/> IL-1 α	<input type="checkbox"/> IL-1 β	<input type="checkbox"/> IL-2	<input type="checkbox"/> IL-4	<input type="checkbox"/> IL-6
<input type="checkbox"/> IL-10	<input type="checkbox"/> IL-12p70	<input type="checkbox"/> IFN γ	<input type="checkbox"/> TNF α	

Q-Plex™ Porcine Assays

<input type="checkbox"/> IL-1 β	<input type="checkbox"/> IL-6
<input type="checkbox"/> IL-8	<input type="checkbox"/> TNF α

Please send request to:

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

Your Multiplex **Partner**

All Products for Research Use Only

Quansys Biosciences Sample Testing Quote Request:

Please fill out this form completely and submit for quote. Please send a copy of this completed form with your samples:

Date: _____

Name: _____

PI/Supervisor: _____ e-mail: _____

Company/Institution: _____

Billing Address: _____

Phone: _____ Fax: _____

E-mail: _____

Send Results To: _____ Recipient E-mail: _____

Sample Buffer (for tissue homogenates): _____

Total Protein Concentration (for tissue homogenates): _____

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: _____

Are these samples a part of an ongoing study? Yes No

Do you need your samples returned after testing? Yes No

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: _____ Received By (Production): _____

Received By (Sales): _____ Total # of Samples: _____

Quote #: _____ Shipping Conditions: Acceptable Unacceptable

PO #: _____ Storage Location: _____

Samples Logged: _____

Comments: _____
