

**CYTOKINE SERVICE ORDER FORM**

CytoPlex  
Multiplex-Core Facility

Dept. OB/GYN  
FMB 301  
Tel: (203) 785-5898  
Fax: (203) 785-4883  
[irene.visintin@yale.edu](mailto:irene.visintin@yale.edu)

QUOTATION # \_\_\_\_\_

**CUSTOMER INFO**

**BILLING INFO**

NAME \_\_\_\_\_

Method of Payment  PURCHASE ORDER  
 CHECK

POSITION \_\_\_\_\_

PTAEO NUMBER \_\_\_\_\_

(For orders placed within Yale University only)

ADDRESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

FAX \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

PHONE \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

FAX \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Sample Type  culture supernatant  tissue extract  serum  other

NUMBER OF SAMPLES \_\_\_\_\_ SAMPLE VOLUME \_\_\_\_\_ (40ul minum, 80-100 recommended)

**CYTOKINES TO DETECT:**

HUMAN: 17-PLEX \_\_\_\_\_

- Or -

Mouse: 10-PLEX \_\_\_\_\_

IL-1beta, IL-2, IL-4, IL-5, IL-6, IL-7,  
IL-8, IL-10, IL-12 (p70), IL-13, IL-17,  
G-CSF, GM-CSF, INFgamma, MCP-1,  
MIP-1beta and TNFalpha

IL-1alpha, IL-3, IL-6,  
IL-12 (p40), IL-12 (p70),  
IL-17, KC, Mip-1alpha,  
RANTES and G-CSF

**NOTE: WE DO NOT SERVICE INFECTIOUS SAMPLES!**

**SHIPPING:** Please ship samples on dry ice by overnight delivery service on any day except Friday  
Please email to [irene.visintin@yale.edu](mailto:irene.visintin@yale.edu) to notify on what date the samples were shipped.

**PERSONAL DELIVERY:** Please contact Irene Visintin for local delivery: [irene.visintin@yale.edu](mailto:irene.visintin@yale.edu)

**SHIPPING ADDRESS:** Mor Laboratory  
Yale Univ. Sch. Of Med.  
Dept, OB/GYN FMB 301  
333 Cedar ST  
New Haven, CT 06520

For Plex-Core Staff only:  
Received on \_\_\_\_\_  
Condition \_\_\_\_\_  
Report emailed on \_\_\_\_\_  
Customer ID# \_\_\_\_\_

SHIPPING DATE \_\_\_\_/\_\_\_\_/\_\_\_\_