

Luminex

Date _____ E-mail _____
 Researcher Name _____ PTAO _____
 PI Name _____ Phone # _____

**** All fluids submitted for Multi Plex Assays must be free of all particulate matter before submitting.**

Human Specimen Type

Virally infected or virally transfected _____

Other Biohazard _____

****Required - 60ul per Sample, per Panel**

Serum/Plasma _____
 Cell Lysate _____ Specify Diluent/Buffer _____ Volume Provided _____
 Culture Supernatant _____ Specify Diluent/Buffer _____ Volume Provided _____
 *Body Fluid (Specify) _____ Specify Diluent/Buffer _____ Volume Provided _____
 *120ul required

Panels

Human T Cell Panel - \$38.58/sample <input type="checkbox"/>	Human Innate Panel A - \$63.52/sample <input type="checkbox"/>
IL-2 # of Samples _____	IL-1a # of Samples _____
IL-4	IL-1b
IL-5	IL-6 IL-13
IL-10	IL-8 MCP-1
IL-17a	IL-9 VGEF
IFN-g	IP-10 Eotaxin
	IL-12p40 Mip-1a
	IL-12p70 IFN-a2
IL-21 -\$19.38/sample <input type="checkbox"/>	Human Innate Panel B - \$26.94/sample <input type="checkbox"/>
IL-21 # of Samples _____	IL-23 # of Samples _____
	IL-28a
	IL-33
	IL-29 - \$20.56/sample <input type="checkbox"/>
	IL-29 # of Samples _____

Human 42 Plex Panel -

\$130.49/sample



	# of Samples _____	
EGF		
Eotaxin		
FGF-2		
FLT-3L	P13Kp1108(pY485)	IL-10
Fractalkine	PDGF-AA	IL-12p40
G-CSF	PDGF-AB/BB	IL=12p70
GRO	RANTES	IL-13
IFN-a-2	sCD40L	IL-17
IL-1ra	SIL-2Ra	IL-2
IL-3	TGF-a	IL-4
IL-15	TNF-B	IL-5
MCP-1	IL-1B	IL-6
MCP-3	IP-10	IL-7
MDC	GM-CSF	IL-8
MIP-1a	IFN-y	IL-9
MIP-1b	IL-1a	VEGF

For any other Analytes contact the Flow Core

PI Signature

Core Personnel Use Only:

Assay Date _____	Performed by _____
Comments:	_____

Data Storage Location _____	