

USERS REQUEST FORM

Mouse Cytokines

Name: _____ E-mail: _____ Date: _____

Phone: _____ Account Number: _____

Type of Specimen: _____ P.I. Name: _____

Type of Media used in your experiment _____

NOTE: Culture supernatants and plasma are acceptable. Contact laboratory for feasibility of running other fluids.

CULTURE MEDIUM: Please provide 20 mL of virgin medium used in your assay.

BLOOD: Plasma Na EDTA is preferred. Keep cold (on ice) until separated. Freeze at -20° C or lower as soon as possible.

PREFERRED SAMPLE SUBMISSION: 400 μ L

ABSOLUTE MINIMUM SAMPLE SIZE: 75 μ L. With this minimum, we will be unable to repeat or further dilute samples if required and may not be able to multiplex all of the analytes requested.

Number of Samples: _____

Please number your samples sequentially.

Volume of Samples: _____

Pricing: For information, please contact the lab at (716) 845-8471 or email us at sba@RPCIflow.org.

Check cytokines below.

FGFBasic

G-CSF

GM-CSF

IFN- γ

IL-1 α

IL - 1 β

IL - 2

IL - 4

IL - 5

IL - 6

IL - 10

IL 12p40/70

IL - 12p70

IL - 13

IL - 17

IP - 10

KC

MCP-1

MIG

MIP-1 α

MIP-1 β

MIP-3 β

PDGF-BB

RANTES

TNF- α

VEGF