



MILLIPLEX™ MAP CUSTOM ORDER FAX FORM

For use with xMAP®
Technology &
Luminex®
Instrumentation
(or equivalent). Call
for Details.

HUMAN APOLIPOPROTEIN PANEL (For Serum and Plasma Samples)

Customer's Name: _____ Acct #: _____

Tele: _____ **Job Title:**
 Purchasing Agent End User

Fax: _____ _____

EMAIL Address: _____ **New Customers:**
How did you hear of us?
Website Webcast Mag. Ad Email Broadcast
Trade Show _____ Other _____

Principal Investigator: _____

Order Information

PO #: _____ End User: _____

Credit Card # _____ Exp. Date: _____ MasterCard Visa

Cardholder's Name: _____

Payment Terms: Net 30 Days **Freight Terms:** Prepaid & Added **FOB:** Shipping Point
Check: I have read and agree that the terms listed above will apply to this order. If a FedEx
 account number is provided, Freight Terms will be Collect.

Bill to:

Ship to:

COMMENTS _____

Human Apolipoprotein Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
APO-62K - _ _		Human Apolipoprotein Panel	\$	\$
Check (√) which you wish to order from the following list.				
Cat #.	√	Description		
APOA-1		AI beads		
APOA-2		All beads		
APOB		B beads		
APOC-2		CII beads		
APOC-3		CIII beads		
APOE		E beads		

Delivery within three business days.