



# MILLIPLEX<sup>®</sup> MAP CUSTOM ORDER FAX FORM

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

## CANINE ADIPOKINE PANEL

Customer's Name: \_\_\_\_\_ Acct #: \_\_\_\_\_

Tele: \_\_\_\_\_ **Job Title:**  
 Purchasing Agent  End User

Fax: \_\_\_\_\_  \_\_\_\_\_

EMAIL Address: \_\_\_\_\_ **New Customers:**  
How did you hear of us?  
Website IBC 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** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Canine Adipokine Panel Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
CADPK-91K- __		Canine Adipokine Panel	\$	\$
Check (√) your selection from the following list.				
<b>Catalog #</b>	√	<b>Description</b>		
HA-ADPN		Anti Adiponectin Beads		
HA-RES		Anti Resistin Beads		

**Delivery within three business days.**

**MILLIPORE • 6 Research Park Dr. • St. Charles, Missouri 63304**  
 Phone (636) 441-8400 • Fax (636) 441-8050 • [www.millipore.com/milliplex](http://www.millipore.com/milliplex)