



# MILLIPLEX™ MAP CUSTOM ORDER FAX FORM

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

## CANINE CYTOKINE IMMUNOASSAY KIT

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**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Canine Cytokine Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
CCYTO-90K - _____		Canine Cytokine Immunoassay Kit	\$	\$

Check (√) your selection from the following list.

Catalog #	√	Description
CGM-CSF		Anti-GM-CSF beads
CIFN-G		Anti-IFN gamma beads
CIL-4		Anti-IL-4 beads
CIL-6		Anti-IL-6 beads
CIL-8		Anti-IL-8 beads
CIL-10		Anti-IL-10 beads
CIL-18		Anti-IL-18 beads
CMCP-1		Anti-MCP-1 beads
CTNF-A		Anti-TNF alpha beads
MIL-7		Anti-IL-7 beads
MIL-15		Anti-IL-15 beads
MIP-10		Anti-IP-10 beads
MKC		Anti-KC beads
RIL-2		Anti-IL-2 beads

**Delivery within three business days.**