



MILLIPLEX[®] MAP CUSTOM ORDER FAX FORM

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

CANINE CYTOKINE / CHEMOKINE 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 Cytokine Order Form, Page 1 of 2

Canine Cytokine Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
CCYTO-90K - _____		Canine Cytokine / Chemokine Panel	\$	\$
<ul style="list-style-type: none"> • Check (√) which beads you wish to order from the following list. 				
Cat #.	√	Description		
MXCGM-CSF		Anti-GM-CSF beads		
MXCIFN-G		Anti-IFN gamma beads		
MXCIL-4		Anti-IL-4 beads		
MXCIL-6		Anti-IL-6 beads		
MXCIL-8		Anti-IL-8 beads		
MXCIL-10		Anti-IL-10 beads		
MXCIL-18		Anti-IL-18 beads		
MXCMCP-1		Anti-MCP-1 beads		
MXCTNF-A		Anti-TNF alpha beads		
MXMIL-7		Anti-IL-7 beads		
MXMIL-15		Anti-IL-15 beads		
MXMIP-10		Anti-IP-10 beads		
MXMKC		Anti-KC-like beads		
MXRIL-2		Anti-IL-2 beads		

Delivery within three business days.