



MILLIPLEX[®] MAP CUSTOM ORDER FAX FORM

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

CANINE GUT HORMONE PANEL

Customer's Name: _____ Acct #: _____

Tele: _____

Fax: _____

EMAIL Address: _____

Principal Investigator: _____

Job Title:

- Purchasing Agent End User

New Customers:

How did you hear of us?
Website IBC Webcast Mag. Ad Email Broadcast
Trade Show _____ Other _____

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 Gut Hormone Panel Order Form,
Page 1 of 2**

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

**Canine Gut Hormone Panel Order Form,
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Catalog #	Qty	Product Name	Unit Price	Total Price
CGT-98K____		Canine Gut Hormone Kit	\$	\$
<ul style="list-style-type: none"> • Check (√) which beads you wish to order from the following list. 				
Cat #.	√	Description		
HE-AMLN		Anti-Amylin (total) Bead		
HGRLN		Anti-Ghrelin (active) Bead		
HGIP		Anti-GIP (total) Bead		
HRE-GLP1		Anti GLP-1 (active) Bead		
HE-INS		Anti-Insulin Bead		
CF-LPTN		Anti-Leptin Bead		
HPP		Anti-PP Bead		
HPYYT		Anti-PYY (total) Bead		

Delivery within three business days.