



MILLIPLEX™ MAP CUSTOM ORDER FAX FORM

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

HUMAN SERUM ADIPOKINE PANEL B

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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Catalog #	Qty	Product Name	Unit Price	Total Price
HADK2-61K-B __		Human Serum Adipokine Panel B	\$	\$
Check (√) your selection from the following list.				
Cat #.	√	Description		
HIL-1B		Anti IL-1 beta Beads		
HIL-6		Anti IL-6 Beads		
HIL-8		Anti IL-8 Beads		
HE-INS		Anti Insulin Beads		
HE-LPTN		Anti Leptin Beads		
HMCP-1		Anti MCP-1 Beads		
HTNF-A		Anti TNF-alpha Beads		
HHGF		Anti HGF Beads		
HNGF		Anti NGF Beads		

Delivery within three business days.