



MILLIPLEX[®] MAP CUSTOM ORDER FAX FORM

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

HUMAN BRAIN-DERIVED PROTEIN PANEL

Customer's Name: _____ Acct #: _____

Tele: _____ Job Title:
 Purchasing Agent End User

Fax: _____ _____

EMAIL Address: _____
Principal Investigator: _____

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 _____

Human Brain-Derived Protein 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

**Human Brain-Derived Protein Panel
Order Form, Page 2 of 2**

Catalog #	Qty	Product Name	Unit Price	Total Price
HBDP-33K-___		Human Brain-Derived Protein Panel	\$	\$
Check (√) which you wish to order from the following list.				
Cat #.	√	Description		
HAGRP		Anti-AGRP		
HPT-FSH		Anti-FSH		
RBDNF		Anti-BDNF		
HPT-LH		Anti-LH		
HPT-TSH		Anti-TSH		
HPT-PRL		Anti-Prolactin		
HPT-GH		Anti-GH		
HPT-ACTH		Anti-ACTH		
HCNTF		Anti-CNTF		

Delivery within three business days.

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