



LINCoplex® Kit CUSTOM ORDER FAX FORM
For use with xMAP® Technology & Luminex® Instrumentation
(or equivalent). Call for Details.

HUMAN CARDIOVASCULAR PANEL 2 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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\_\_\_\_\_

## Human Cardiovascular Panel 2 Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
HCVD2-67BK-1FBN		Human Fibrinogen (Cat # HFBGN) Singleplex Kit	\$	\$
HCVD2-67BK-1HAP		Human Haptoglobin (Cat # HHPTGN) Singleplex Kit	\$	\$
HCVD2-67BK-__		Human Cardiovascular Panel 2 ay Kit	\$	\$

Check (√) which you wish to order from the following list.

Cat #	√	Description
HCRP		Anti CRP (C-Reactive Protein) Beads
HSAA		Anti SAA (Serum Amyloid A) Beads
HSAP		Anti SAP (Serum Amyloid P) Beads

**Delivery within three business days.**

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