



MILLIPLEX™ MAP CUSTOM ORDER FAX FORM

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

HUMAN CARDIOVASCULAR DISEASE PANEL 2

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 _____

Human Cardiovascular Disease Panel 2 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 Cardiovascular Disease Panel 2 Order Form
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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 Disease Panel 2	\$	\$

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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