



# MILLIPLEX™ MAP CUSTOM ORDER FAX FORM

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

## HUMAN ENDOCRINE 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** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Human Endocrine Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
HENDO-65K-____		Human Endocrine Immunoassay Kit	\$	\$
Check (√) which you wish to order from the following list.				
<b>Cat #.</b>	<b>√</b>	<b>Description</b>		
HE-INS		Anti-Insulin beads		
HE-LPTN		Anti-Leptin beads		
HE-CP		Anti-C-Peptide beads		
HRE-GLP1		Anti-GLP-1 (Active) beads		
HE-AMLN *		Anti-Amylin (Total) bead * <b>Cannot be used with Anti-Amylin (Active)</b>		
RME-AMLN *		Anti-Amylin (Active) bead * <b>Cannot be used with Anti-Amylin (Total)</b>		
RME-GLU		Anti-Glucagon bead		

**Delivery within three business days.**

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