



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

HUMAN GUT HORMONE 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: <input type="checkbox"/> 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.
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Bill to:	Ship to:
_____	_____
_____	_____
_____	_____
_____	_____

COMMENTS _____

Human Gut Hormone Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
HGT-68K - _____		Human Gut Hormone Multiplex Immunoassay	\$	\$

Check (√) your selection from the following list.

Catalog #	√	Description
RME-AMLN		Anti-Amylin (Active) Beads (Active and Total Amylin cannot be combined in the same
HE-AMLN		Anti-Amylin (Total) Beads (Active and Total Amylin cannot be combined in the same
HGRLN		Anti-Ghrelin (Active) Beads
HGIP		Anti-GIP Beads
HRE-GLP1		Anti-GLP-1 Beads
HE-INS		Anti-Insulin Beads
HE-LPTN		Anti-Leptin Beads
HPP		Anti-Pancreatic Polypeptide (PP) Beads
HPYYT		Anti- PYY (Total) Beads

Delivery within three business days.