



MILLIPLEX[®] MAP CUSTOM ORDER FAX FORM

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

HUMAN LIVER PROTEIN PANEL

Customer's Name: _____ Acct #: _____

Tele: _____

Fax: _____

EMAIL Address: _____

Principal Investigator: _____

Job Title:

- Purchasing Agent End User

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 Liver Protein Panel Order Form,
Page 1 of 2**

**Human Liver Protein Panel Order Form,
Page 2 of 2**

Catalog #	Qty	Product Name	Unit Price	Total Price
HLPP-57K__		Human Liver Protein Panel	\$	\$
<ul style="list-style-type: none"> • Check (√) which beads you wish to order from the following list. 				
Cat #.	√	Description		
HAFP		Anti-Human AFP Beads		
HANGPTL3		Anti-Human ANGPTL3 Beads		
HANGPTL4		Anti-Human ANGPTL4 Beads		
HANGPTL6		Anti-Human ANGPTL6/AGFBeads		
HFABP1		Anti-Human FABP1 Beads		
HFGF19		Anti-Human FGF-19 Beads		
HFGF21		Anti-Human FGF-21 Beads		
HFGF23		Anti-Human FGF-23 Beads		
HHGF		Anti-Human HGF Beads		

Delivery within three business days.