



# MILLIPLEX™ MAP CUSTOM ORDER FAX FORM

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

## HUMAN METABOLIC HORMONE PANEL

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 Metabolic Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
HMH-34K____		Human Metabolic Hormone Panel	\$	\$
Check (√) which you wish to order from the following list.				
<b>Cat #.</b>	√	<b>Description</b>		
RME-AMLN		*Anti-Amylin (active) Beads		
HE-AMLN		*Anti-Amylin (total) Beads		
HE-CP		Anti-C-Peptide Beads		
HGRLN		Anti-Ghrelin Bead		
HGIP		Anti-GIP Bead		
HRE-GLP1		Anti-GLP-1 Beads		
RME-GLU		Anti-Glucagon Bead		
HIL-6		Anti-IL-6 Beads		
HE INS		Anti-Insulin Beads		
HE-LPTN		Anti-Leptin Bead		
HMCP-1		Anti-MCP-1 Bead		
HPP		Anti-PP Beads		
HPYYT		Anti-PYY Beads		
HTNF-A		Anti-TNF $\alpha$ Bead		

**Delivery within three business days.**

**\* Note: Active Amylin and Total Amylin cannot be run together in the same assay.**