



# MILLIPLEX™ MAP CUSTOM ORDER FAX FORM

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

## HUMAN NEURODEGENERATIVE 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 Neurodegenerative Disease Panel 2 Order Form,  
Page 2 of 2**

Catalog #	Qty	Product Name	Unit Price	Total Price																					
HNDG2-36K-__		Human Neurodegenerative Disease Panel 2	\$	\$																					
<p>Check (√) which you wish to order from the following list.</p> <table border="1"> <thead> <tr> <th align="center">Cat #.</th> <th align="center">√</th> <th align="center">Description</th> </tr> </thead> <tbody> <tr> <td>HCRP</td> <td></td> <td>Anti-Human CRP Bead</td> </tr> <tr> <td>HA1AT</td> <td></td> <td>Anti-Human α1-Antitrypsin Bead</td> </tr> <tr> <td>HPEDF</td> <td></td> <td>Anti-Human PEDF Bead</td> </tr> <tr> <td>HSAP</td> <td></td> <td>Anti-Human SAP Bead</td> </tr> <tr> <td>HMIP-4</td> <td></td> <td>Anti-Human MIP-4 Bead</td> </tr> <tr> <td>HCC4</td> <td></td> <td>Anti-Human Complement C4 Bead</td> </tr> </tbody> </table>					Cat #.	√	Description	HCRP		Anti-Human CRP Bead	HA1AT		Anti-Human α1-Antitrypsin Bead	HPEDF		Anti-Human PEDF Bead	HSAP		Anti-Human SAP Bead	HMIP-4		Anti-Human MIP-4 Bead	HCC4		Anti-Human Complement C4 Bead
Cat #.	√	Description																							
HCRP		Anti-Human CRP Bead																							
HA1AT		Anti-Human α1-Antitrypsin Bead																							
HPEDF		Anti-Human PEDF Bead																							
HSAP		Anti-Human SAP Bead																							
HMIP-4		Anti-Human MIP-4 Bead																							
HCC4		Anti-Human Complement C4 Bead																							

**Delivery within three business days.**

**MILLIPORE • 6 Research Park Dr. • St. Charles, Missouri 63304**  
 Phone (636) 441-8400 • Fax (636) 441-8050 • [www.millipore.com/milliplex](http://www.millipore.com/milliplex)