



MILLIPLEX™ MAP CUSTOM ORDER FAX FORM

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

HUMAN NEURODEGENERATIVE DISEASE PANEL 3

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 3 Order Form, Page 1 of 2

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

**Human Neurodegenerative Disease Panel 3
Order Form, Page 1 of 2**

Catalog #	Qty	Product Name	Unit Price	Total Price
HNDG3-36K-____		Human Neurodegenerative Disease Panel 3	\$	\$
Check (√) which you wish to order from the following list.				
Cat #.	√	Description		
RBDNF		Anti-Human BDNF Bead		
HSP-SVCM1		Anti-Human sVCAM-1 Bead		
HSP-SICM1		Anti-Human sICAM-1 Bead		
HMPO		Anti-Human MPO Bead		
HCTHPSND		Anti-Human Cathepsin D Bead		
HPDGF-AA		Anti-Human PDGF-AA Bead		
HPDGF-AB		Anti-Human PDGF-AB/BB Bead		
HRNTS		Anti-Human RANTES Bead		
HASP-PAI1		Anti-Human PAI-1 (total) Bead		
HNCAM		Anti-Human NCAM Bead		

Delivery within three business days.

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