



MILLIPLEX[®] MAP CUSTOM ORDER FAX FORM

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

HUMAN NEURODEGENERATIVE DISEASE PANEL 4

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 4 Order Form,
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**Human Neurodegenerative Disease Panel 4 Order Form,
Page 2 of 2**

Catalog #	Qty	Product Name	Unit Price	Total Price
HNDG4-36K - _____		Human Neurodegenerative Disease Panel 4	\$	\$
<ul style="list-style-type: none"> • Check (√) which beads you wish to order from the following list. 				
Cat #.	√	Description		
HS100B		Anti S100B Bead		
HAB40		Anti Aβ40 Bead		
HAB42		Anti Aβ42 Bead		
HGDNF		Anti GDNF Bead		
HN4RAGE		Anti sRAGE Bead		

Delivery within three business days.