



MILLIPLEX™ MAP CUSTOM ORDER FAX FORM

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

HUMAN NEUROPEPTIDE PANEL IMMUNOASSAY KIT

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 Neuropeptide Panel Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
HNP-35K-__		Human Neuropeptide Panel Immunoassay	\$	\$
Check (√) which you wish to order from the following list.				
Cat #.	√	Description		
HBEND		Anti- β-Endorphin		
HCORT		Anti- Cortisol		
HNRTNSN		Anti- Neurotensin		
HORXNA		Anti- Orexin A		
HSBTNCP		Anti- Substance P		
RMLT		Anti- Melatonin		
HOXYTCN		Anti- Oxytocin		
HAMSH		Anti- α-MSH		

Delivery within three business days.

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