



LINCoplex[®] Kit CUSTOM ORDER FAX FORM
 For use with xMAP[®] Technology & Luminex[®] Instrumentation
 (or equivalent). Call for Details.

HUMAN PITUITARY 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>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.</i> <input type="checkbox"/>
--

Bill to:	Ship to:
_____	_____
_____	_____
_____	_____
_____	_____

COMMENTS _____

Human Pituitary Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price																					
HPT-66K-__		Human Pituitary Immunoassay Kit	\$	\$																					
<p>Check (√) which you wish to order from the following list.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Cat #.</th> <th style="width: 10%; text-align: center;">√</th> <th style="width: 70%;">Description</th> </tr> </thead> <tbody> <tr> <td>HPT-FSH</td> <td></td> <td>Anti FSH Beads</td> </tr> <tr> <td>HPT-LH</td> <td></td> <td>Anti LH Beads</td> </tr> <tr> <td>HPT-TSH</td> <td></td> <td>Anti TSH Beads</td> </tr> <tr> <td>HPT-PRL</td> <td></td> <td>Anti Prolactin Beads</td> </tr> <tr> <td>HPT-GH</td> <td></td> <td>Anti GH Beads</td> </tr> <tr> <td>HPT-ACTH</td> <td></td> <td>Anti ACTH Beads</td> </tr> </tbody> </table>					Cat #.	√	Description	HPT-FSH		Anti FSH Beads	HPT-LH		Anti LH Beads	HPT-TSH		Anti TSH Beads	HPT-PRL		Anti Prolactin Beads	HPT-GH		Anti GH Beads	HPT-ACTH		Anti ACTH Beads
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Delivery within three business days.