



MILLIPLEX™ MAP
CUSTOM ORDER FAX FORM

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

HUMAN SOLUBLE CYTOKINE
RECEPTOR IMMUNOASSAY KIT

Customer's Name: _____ Acct #: _____

Tele: _____

Fax: _____

EMAIL Address: _____

Principal Investigator: _____

Job Title:
Purchasing Agent End User

New Customers:
How did you hear of us?
Website IBC Webcast Mag. Ad Email Broadcast
Trade Show Other

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 Soluble Cytokine Receptor Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
HSCR-32K- PMX14		Human Soluble Cytokine Receptor 14 Plex – Premixed sCD30, sEGFR, sgp130, sIL-1RI, sIL-1RII, sIL-2R α , sIL-4R, sIL-6R, sRAGE, sTNFRI, sTNFRII, sVEGFR1, sVEGFR2, sVEGFR3	\$	\$
HSCR-32K - _____		Human Soluble Cytokine Receptor Immunoassay Kit	\$	\$

Check (√) which you wish to order from the following list.

Cat #.	√	Description
HCD30		sCD30
HEGFR		sEGFR
HGP130		sgp130
HIL1R1		sIL-1RI
HIL1R2		sIL-1RII
HIL2RA		sIL-2R α
HIL4R		sIL-4R
HIL6R		sIL-6R
HRAGE		sRAGE
HTNFR1		sTNFRI
HTNFR2		sTNFRII
HVEGFR1		sVEGFR1
HVEGFR2		sVEGFR2
HVEGFR3		sVEGFR3

Delivery within three business days.