



# LINCoplex<sup>®</sup> Kit CUSTOM ORDER FAX FORM

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

## MOUSE BONE PANEL 1A IMMUNOASSAY KIT (For Serum and Plasma Samples)

Customer's Name: \_\_\_\_\_ Acct #: \_\_\_\_\_

Tele: \_\_\_\_\_ Job Title:  
 Purchasing Agent  End User

Fax: \_\_\_\_\_  \_\_\_\_\_

EMAIL Address: \_\_\_\_\_  
Principal Investigator: \_\_\_\_\_

**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** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Mouse Bone Panel 1A Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
MBN1A-41K-__		Mouse Bone Panel 1A Immunoassay Kit	\$	\$
Check (√) which you wish to order from the following list.				
<b>Cat #.</b>	<b>√</b>	<b>Description</b>		
MOPG		Anti OPG Beads		
RME-INS		Anti Insulin Beads		
RME-LPTN		Anti Leptin Beads		
MIL-6		Anti IL-6 Beads		
MTNF-A		Anti TNF- $\alpha$ Beads		
HPT-ACTH		Anti ACTH Beads		

**Delivery within three business days.**