



LINCoplex[®] Kit CUSTOM ORDER FAX FORM

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

MOUSE CARDIOVASCULAR PANEL 1 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 _____

Mouse Cardiovascular Panel 1 Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price																		
MCVD1-77AK-__		Mouse Cardiovascular Panel 1 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: 15%;">Cat #.</th> <th style="width: 5%; text-align: center;">√</th> <th style="width: 80%;">Description</th> </tr> </thead> <tbody> <tr> <td>MESEL</td> <td></td> <td>Anti soluble E-Selectin Beads</td> </tr> <tr> <td>MSVCM-1</td> <td></td> <td>Anti soluble VCAM-1 Beads</td> </tr> <tr> <td>MSICM-1</td> <td></td> <td>Anti soluble ICAM-1 Beads</td> </tr> <tr> <td>MMMP-9</td> <td></td> <td>Anti MMP-9 (Matrix Metalloproteinase) Beads</td> </tr> <tr> <td>MA-PAI1</td> <td></td> <td>Anti total PAI-1 Beads</td> </tr> </tbody> </table>					Cat #.	√	Description	MESEL		Anti soluble E-Selectin Beads	MSVCM-1		Anti soluble VCAM-1 Beads	MSICM-1		Anti soluble ICAM-1 Beads	MMMP-9		Anti MMP-9 (Matrix Metalloproteinase) Beads	MA-PAI1		Anti total PAI-1 Beads
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Delivery within three business days.