



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

MOUSE CARDIOVASCULAR PANEL 2 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 <input type="checkbox"/> 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>	Freight Terms: Prepaid & Added	FOB: Shipping Point
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Bill to:	Ship to:
_____	_____
_____	_____
_____	_____
_____	_____

COMMENTS _____

Mouse Cardiovascular Panel 2 Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
MCVD277BK_ _		Mouse Cardiovascular Panel 2 Immunoassay Kit	\$	\$
Check (√) which you wish to order from the following list.				
Cat #.	√	Description		
MAPA-1		Anti Apo A1 Beads		
APOE		Anti Apo E Beads		
MFBGN		Anti Fibrinogen Beads		
MA-ADPN		Anti Adiponectin		

Delivery within three business days.

MILLIPORE • 6 Research Park Dr. • St. Charles, Missouri 63304
 Phone (636) 441-8400 • Fax (636) 441-8050 • www.millipore.com/drugdiscovery