



MILLIPLEX™ MAP CUSTOM ORDER FAX FORM

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

MOUSE CARDIOVASCULAR DISEASE PANEL 2

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 2 Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
MCVD277BK__		Mouse Cardiovascular Disease Panel 2	\$	\$
Check (√) which you wish to order from the following list.				
Cat #.	√	Description		
MAPA-1		Anti Apo A1 Beads (call for availability)		
APOE		Anti Apo E Beads		
MFBN		Anti Fibrinogen Beads		
MA-ADPN		Anti Adiponectin		

Delivery within three business days.

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