



MILLIPLEX[®] MAP CUSTOM ORDER FAX FORM

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

MOUSE ENDOCRINE PANEL

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

Principal Investigator: _____ 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 Endocrine Panel Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price																		
MENDO-75K- ____		Mouse Endocrine Panel	\$	\$																		
<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: 20%;">Cat #.</th> <th style="width: 10%;">√</th> <th style="width: 70%;">Description</th> </tr> </thead> <tbody> <tr> <td>RME-INS</td> <td></td> <td>Rat/Mouse Insulin beads</td> </tr> <tr> <td>RME-LPTN</td> <td></td> <td>Rat/Mouse Leptin beads</td> </tr> <tr> <td>RME-AMLN</td> <td></td> <td>Rat/Mouse Amylin (active) beads</td> </tr> <tr> <td>HRE-GLP1</td> <td></td> <td>GLP-1 (active) beads</td> </tr> <tr> <td>RME-GLU</td> <td></td> <td>Rat/Mouse Glucagon beads</td> </tr> </tbody> </table>					Cat #.	√	Description	RME-INS		Rat/Mouse Insulin beads	RME-LPTN		Rat/Mouse Leptin beads	RME-AMLN		Rat/Mouse Amylin (active) beads	HRE-GLP1		GLP-1 (active) beads	RME-GLU		Rat/Mouse Glucagon beads
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Delivery within three business days.

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