



LINCoplex[®] Kit CUSTOM ORDER FAX FORM

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

MOUSE ENDOCRINE 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 Endocrine Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
MENDO-75K- ____		Mouse Endocrine Immunoassay Kit	\$	\$
Check (√) which you wish to order from the following list.				
Cat #.	√	Description		
RME-INS		Rat/Mouse Insulin beads		
RME-LPTN		Rat/Mouse Leptin beads		
RME-AMLN		Rat/Mouse Amylin beads		
HRE-GLP1		GLP-1 beads		
RME-GLU		Rat/Mouse Glucagon beads		

Delivery within three business days.

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