



# LINCoplex<sup>®</sup> Kit CUSTOM ORDER FAX FORM

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

## MOUSE GUT HORMONE IMMUNOASSAY KIT (For Serum, Plasma, Cell/Tissue Culture Samples)

Customer's Name: \_\_\_\_\_ Acct #: \_\_\_\_\_

Tele: \_\_\_\_\_ Job Title:  
 Purchasing Agent  End User

Fax: \_\_\_\_\_  \_\_\_\_\_

EMAIL Address: \_\_\_\_\_ **New Customers:**  
How did you hear of us?  
Website  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 Gut Hormone Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
MGT-78K - _ _		Mouse Gut Hormone Immunoassay Kit	\$	\$
Check (√) which you wish to order from the following list.				
<b>Cat #.</b>	√	<b>Description</b>		
RME-INS		anti-Insulin Beads		
RME-AMLN		anti-Amylin Beads		
RME-LPTN		anti-Leptin Beads		
HGRLN		anti-Ghrelin Beads		
HGIP		anti-GIP Beads		
HRE-GLP1		anti-GLP-1 Beads		
RPYY		anti-PYY Beads		
RPP		anti-PP Beads		

**Delivery within three business days.**