



MILLIPLEX[®] MAP CUSTOM ORDER FAX FORM

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

MOUSE GUT HORMONE PANEL (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
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 Gut Hormone Order Form, Page 2 of 2

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

Delivery within three business days.