



# MILLIPLEX™ MAP CUSTOM ORDER FAX FORM

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

## MOUSE CYTOKINE PANEL III

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 Cytokine Panel III Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
MPXMCYP3-PMX6		<b>Mouse Cytokine Panel III 6-Plex– Premixed</b> IL-20, IL-23, IL-27, IL-33, MDC, TIMP-1	\$	\$
<b>MPXMCYP3-74K</b>		<b>Mouse Cytokine Panel 3</b>	\$	\$

Check (√) which you wish to order from the following list.

Cat #.	√	Description
MXMIL-20		Anti-Mouse IL-20 Bead
MXMIL-23		Anti-Mouse IL-23 Bead
MXMIL-27		Anti-Mouse IL-27 Bead
MXMIL-33		Anti-Mouse IL-33 Bead
MXMMDC		Anti-Mouse MDC Bead
MXMTIMP-1		Anti-Mouse TIMP-1 Bead

**Delivery within three business days.**

**MILLIPORE • 6 Research Park Dr. • St. Charles, Missouri 63304**  
Phone (636) 441-8400 • Fax (636) 441-8050 • [www.millipore.com/milliplex](http://www.millipore.com/milliplex)