



MILLIPLEX® MAP
CUSTOM ORDER FAX FORM

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

MOUSE SOLUBLE CYTOKINE RECEPTOR 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
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 Soluble Cytokine Receptor Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
MSCR-42K-1EGFR		Mouse Soluble Cytokine Receptor Single Plex Kit	\$	\$
MSCR-42K-PMX		Mouse Soluble Cytokine Receptor 13 Plex – Premixed sCD30, sgp130, sIL-1RI, sIL-1RII, sIL-2R α , sIL-4R, sIL-6R, sRAGE, sTNFR1, sTNFR2, sVEGFR1, sVEGFR2, sVEGFR3	\$	\$
MSCR-42K - _____		Mouse Soluble Cytokine Receptor Panel	\$	\$

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

Cat #.	✓	Description
MCD30		sCD30
MGP130		sgp130
MIL1R1		sIL-1RI
MIL1R2		sIL-1RII
MIL2RA		sIL-2R α
MIL4R		sIL-4R
MIL6R		sIL-6R
MRAGE		sRAGE
MTNFR1		sTNFR1
MTNFR2		sTNFR2
MVEGFR1		sVEGFR1
MVEGFR2		sVEGFR2
MVEGFR3		sVEGFR3

Delivery within three business days.

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