



# MILLIPLEX™ MAP CUSTOM ORDER FAX FORM

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

## *RAT ADIPOCYTE KIT (FOR TISSUE CULTURE)*

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** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Rat Adipocyte (for Tissue Culture) Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
RADPCYT-82K-__		Rat Adipocyte Kit (for Tissue Culture)	\$	\$
Check (√) your selection from the following list.				
<b>Cat #.</b>	√	<b>Description</b>		
HA-ADPN		Anti Adiponectin Beads		
RMCP-1		Anti MCP-1 Beads		
RME-LPTN		Anti Leptin Beads		
RIL-1B		Anti IL-1 beta Beads		
RIL-6		Anti IL-6 Beads		
HA-PAI1 *		Anti PAI-1 (Active) Beads		<b>* Cannot be used with Anti-PAI-1 (Total)</b>
RA-PAI1 *		Anti PAI-1 (Total) Beads		<b>* Cannot be used with Anti-PAI-1 (Active)</b>
RTNF-A		Anti TNF-alpha Beads		

**Delivery within three business days.**

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