



# MILLIPLEX™ MAP CUSTOM ORDER FAX FORM

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

## RAT BONE PANEL 1 IMMUNOASSAY KIT

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

## Rat Bone Panel 1 Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
RBN1-31K - _____		Rat Bone Panel 1 Multiplex Immunoassay	\$	\$

Check (√) your selection from the following list.

Catalog #	√	Description
RME-INS		Anti-Insulin beads
MOPG		Anti-Osteoprotegerin (OPG) beads
RME-LPTN		Anti-Leptin beads
HPT-ACTH		Anti-ACTH beads

**Delivery within three business days.**