



MILLIPLEX™ MAP CUSTOM ORDER FAX FORM

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

RAT BONE PANEL 2 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
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 Bone Panel 2 Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
RBN2-31K - _____		Rat Bone Panel 2 Multiplex Immunoassay	\$	\$

Check (√) your selection from the following list.

Catalog #	√	Description
RME-INS		Anti-Insulin beads
MRANKL		Anti-RANKL beads
RME-LPTN		Anti-Leptin beads
HPT-ACTH		Anti-ACTH beads

Delivery within three business days.