



MILLIPLEX™ MAP CUSTOM ORDER FAX FORM

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

RAT CVD PANEL 1 IMMUNOASSAY KIT

Customer's Name: _____ Acct #: _____

Tele: _____

Fax: _____

EMAIL Address: _____

Principal Investigator: _____

Job Title:

Purchasing Agent End User

New Customers:

How did you hear of us?

Website Webcast Mag. Ad Email Broadcast

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 CVD Panel 1 Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
RCVD1-89K - _ _		Rat CVD Panel 1 Immunoassay Kit	\$	\$
Check (√) which you wish to order from the following list.				
Cat #.	√	Description		
RBNP		Rat BNP Beads		
RIL-6		Rat IL-6 Beads		
RMCP-1		Rat MCP-1 Beads		
RMP		Rat MPO Beads		
RTIMP-1		Rat TIMP-1 Beads		
RTNF-A		Rat TNF α Beads		
RA-PAI1		Rat Total PAI-1 Beads		
RTRPN		Rat Troponin I Beads		
RTRPNT		Rat Troponin T Beads		
RVEGF		Rat VEGF Beads		
RVWF		Rat von Willebrand Factor Beads		

Delivery within three business days.