



MILLIplex[®] MAP CUSTOM ORDER FAX FORM

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

RAT ENDOCRINE PANEL

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 IBC 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 Endocrine Panel Order Form,
Page 1 of 2**

MILLIPORE • 6 Research Park Dr. • St. Charles, Missouri 63304
Phone (636) 441-8400 • Fax (636) 441-8050 • www.millipore.com/milliplex

**Rat Endocrine Panel Order Form,
Page 2 of 2**

Catalog #	Qty	Product Name	Unit Price	Total Price
RENDO-85K____		Rat Endocrine Panel	\$	\$
Check (√) which you wish to order from the following list.				
Cat #.	√	Description		
RME-INS		Anti-Insulin Bead		
RME-LPTN		Anti-Leptin Bead		
RME-AMLN		Anti-Amylin (active) Bead		
HRE-GLP1		Anti-GLP-1 (active) Bead		
RME-GLU		Anti-Glucagon Bead		

Delivery within three business days.