



MILLIPLEX™ MAP CUSTOM ORDER FAX FORM

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

RAT KIDNEY TOXICITY PANEL 2

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 Kidney Toxicity Panel 2 Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
RKTX2-37K - _ _		Rat Kidney Toxicity Panel 2	\$	\$
Check (√) which you wish to order from the following list.				
Cat #.	√	Description		
RALBMN		Anti – Albumin Bead		
RB2MG		Anti – β-2-Microglobulin Bead		
RCYSTNC		Anti – Cystatin C Bead		

Delivery within three business days.