



MILLIPLEX[®] MAP CUSTOM ORDER FAX FORM

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

RAT THYROID HORMONE PANELS

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 Thyroid Hormone Panels 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 Thyroid Hormone Panels Order Form,
Page 2 of 2**

Catalog #	Qty	Product Name	Unit Price	Total Price
RTHY-30K-TSH		Rat Thyroid Hormone TSH Single Plex Kit	\$	\$
RTHY-30K-T3T4		Rat Thyroid Hormone T3/T4 Panel – 2 Plex	\$	\$
RTHY-30K-03		Rat Thyroid Hormone T3/T4/TSH Panel	\$	\$

Delivery within three business days.

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