



LINCoplex[®] Kit CUSTOM ORDER FAX FORM

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

HUMAN SKIN PANEL 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 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 _____

Human Skin 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/drugdiscovery

Human Skin Panel Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
SKIN-50K-__		Human Skin Panel Immunoassay Kit	\$	\$
Check (√) which you wish to order from the following list.				
Cat #.	√	Description		
SK-FIBRO		Anti Fibronectin Beads		
SK-CORT		Anti Cortisol Beads		
SK-KER6		Anti Keratin-6 Beads		
SK-KER1		Anti Keratin-1, 10, 11 Beads		
SK-INVOL		Anti Involucrin Beads		

Delivery within three business days.

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