



MILLIPLEX[®] MAP CUSTOM ORDER FAX FORM

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

STEROID / THYROID MAGNETIC BEAD 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 _____

**Steroid / Thyroid Magnetic Bead 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

**Steroid / Thyroid Magnetic Bead Panel
Order Form, Page 2 of 2**

Catalog #	Qty	Product Name	Unit Price	Total Price
STTHMAG-21K__		Steroid / Thyroid Magnetic Bead Panel	\$	\$
<ul style="list-style-type: none"> • Check (√) which beads you wish to order from the following list. 				
Cat #.	√	Description		
C0RT-MAG		Anti – Cortisol Bead		
ESTRDL-MAG		Anti – Estradiol Bead		
PRGST-MAG		Anti – Progesterone Bead		
T3-MAG		Anti-T3 Bead		
T4-MAG		Anti-T4 Bead		

Delivery within three business days.