



MILLIPLEX[®] MAP
CUSTOM ORDER FAX FORM

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

TGF B1 SINGLE PLEX KIT
TGF B3 3-PLEX KIT

Customer's Name: _____ Acct #: _____

Tele: _____ Job Title:
 Purchasing Agent End User

Fax: _____ _____

EMAIL Address: _____
Principal Investigator: _____

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 _____

TGFβ Single Plex and 3-Plex Kit Order Form
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MILLIPORE • 6 Research Park Dr. • St. Charles, Missouri 63304
Phone (636) 441-8400 • Fax (636) 441-8050 • www.millipore.com/milliplex

TGFβ Single Plex and 3-Plex Kit Order Form
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Catalog #	Qty	Product Name	Unit Price	Total Price
TGFB-64K-01		TGFβ1 Single Plex Kit	\$	\$
TGFB-64K-03		TGFβ 3-Plex Kit - TGFβ1, TGFβ2, TGFβ3	\$	\$

Delivery within three business days.