



FAX ORDER FORM

10 Southgate Rd., Suite 170, Scarborough, ME 04074 USA
Phone: 207-885-1072 Fax: 207-885-107 Email: info@mmqci.com

To place an order, complete the information below and fax to 207-885-1079.
If you prefer, fax or e-mail your company's purchase order.

CONTACT INFORMATION

Order Date: _____ Dept: _____
Contact name: _____ Email: _____
Phone: _____ FAX: _____

PAYMENT INFORMATION

Payment Method (check one): Mastercard Visa P.O #: _____
Credit Card number: _____
Expiration: _____ Security Code _____

ORDER INFORMATION

<u>Product #</u>	<u>Product Name</u>	<u>Kit Configuration</u>	<u>Quantity</u>
<input type="checkbox"/> G104-1	INTROL™ TRC Genotype Control	3 bottles x 1 mL each	_____
<input type="checkbox"/> G104	INTROL™ TRC Genotype Control	3 bottles x 2 mL each	_____
<input type="checkbox"/> G105-1	INTROL™ MTHFR Genotype Control	3 bottles x 1 mL each	_____
<input type="checkbox"/> G105	INTROL™ MTHFR Genotype Control	3 bottles x 2 mL each	_____
<input type="checkbox"/> G106ac-1	INTROL™ CF Panel I Control	3 bottles x 1 mL each	_____
<input type="checkbox"/> G106ac	INTROL™ CF Panel I Control	3 bottles x 2 mL each	_____
<input type="checkbox"/> G106de-1	INTROL™ CF Panel I Control	4 bottles x 1 mL each	_____
<input type="checkbox"/> G106de	INTROL™ CF Panel I Control	4 bottles x 2 mL each	_____
<input type="checkbox"/> G110-1	INTROL™ CF Panel II Control	3 bottles x 1 mL each	_____
<input type="checkbox"/> G110	INTROL™ CF Panel II Control	3 bottles x 2 mL each	_____
<input type="checkbox"/> G115-1	INTROL™ CF Panel III Control	4 bottles x 1 mL each	_____
<input type="checkbox"/> G115	INTROL™ CF Panel III Control	4 bottles x 2 mL each	_____
<input type="checkbox"/> 11601	Xpert FII & FV NOR/MUT Control	4 bottles (2 Nor & 2 Mut) x 0.5mL	_____
<input type="checkbox"/> G108-2H	Xpert FII & FV HET	2 bottles x 0.5mL	_____
<input type="checkbox"/> G109	Xpert FII & FV Genotype Panel G109	4 bottles (2 HET, 1 NOR, 1 MUT) x 0.5mL	_____
<input type="checkbox"/> G123-1	INTROL™ Thrombosis Genotype Panel	3 bottles x 1 mL each	_____
<input type="checkbox"/> G123-2	INTROL™ Thrombosis Genotype Panel	3 bottles x 2 mL each	_____
<input type="checkbox"/> P102-1	INTROL™ PGx 1 Control (warfarin)	3 bottles x 1 mL each	_____
<input type="checkbox"/> G200-1	INTROL™ HH Panel I	3 bottles x 1 mL each	_____
<input type="checkbox"/> G201-1	INTROL™ HH Panel II	3 bottles x 1 mL each	_____
<input type="checkbox"/> G20014-1	INTROL™ HH Wild Type	1 bottle x 1 mL each	_____
<input type="checkbox"/> M110	INTROL™ TB Panel M110	4 bottles x 3mL	_____

Special Instructions: _____

SHIPPING INFORMATION

SHIP TO INFORMATION:

Company:

Attn:

Address:

City / State / Country / Zip Code:

Phone Number: _____ Fax: _____

BILLING INFORMATION

BILLING INFORMATION: Same as Ship To

Company:

Attn:

Address:

City / State / Country / Zip Code:

Phone Number: _____ Fax: _____