



FAX ORDER FORM

23 Mill Brook Road, Saco, Maine 04072 USA
 Phone: 207-885-1072 Fax: 207-885-1079 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: _____ P.O. #: _____
 Contact name: _____ Email: _____
 Phone: _____ FAX: _____

ORDER INFORMATION

Product #	Product Name	Kit Configuration	Quantity
<input type="checkbox"/> C104	Xpert Bladder Cancer C104	12 bottles (6 each of Low Positive & Negative) x 4mL	
<input type="checkbox"/> C130	Xpert BCR-ABL IS Panel C130	12 bottles (2 each of 6%IS levels) x 4mL	
<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"/> 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"/> 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"/> G11601	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"/> 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"/> G211	NGS CF Control Panel	6 tubes x 0.05mL	
<input type="checkbox"/> M110	INTROL™ TB Panel M110	4 bottles x 3mL	
<input type="checkbox"/> M114-5	INTROL™ TB Panel M114	15 bottles x 1mL	
<input type="checkbox"/> M114-10	INTROL™ TB Panel M114	30 bottles x 1mL	
<input type="checkbox"/> P105-1	INTROL™ 2C19 Panel P105	3 bottles x 1mL	
<input type="checkbox"/> P110-1	INTROL™ 2C19 Panel P110	2 bottles x 1mL	
<input type="checkbox"/> P102-1	INTROL™ PGx 1 Control (warfarin)	3 bottles x 1 mL each	
<input type="checkbox"/> M210v1.1	FilmArray RP Control Panel M210 v1.1	12 tubes (6 each of M211v1.1 & M212v1.1) x 0.3mL	
<input type="checkbox"/> M219	Xpert Carba-R QC Panel M219	12 tubes (6 each of M2162517 & M2171717) x 0.050mL	
<input type="checkbox"/> M235v1.1	FilmArray® BCID Control Panel M235v1.1	12 tubes (6 each of M23618v1.1 & M23718v1.1) x 0.2mL	
<input type="checkbox"/> M238	FilmArray® GI Control Panel M238	12 tubes (6 each of M2393718 & M2402818) x 0.2mL	
<input type="checkbox"/> M243	eSensor® XT-8™ RVP Control Panel	12 tubes (6 each of M2442420 and M2451620) x 0.2mL	
<input type="checkbox"/> M251	FilmArray® Ebola Control Panel M251	12 tubes (6 each of M25218 and M25318) x 0.2mL	
<input type="checkbox"/> M262	INTROL® ME Control Panel M262	12 tubes (6 each of M263 and M264) x 0.2mL	
<input type="checkbox"/> M270	Verigene RP Flex Control Panel M270	12 tubes (4 each of M27120, M27220 and M27320) x 0.2mL	
<input type="checkbox"/> M306	ePlex RP Control M306	10 tubes (2 each of Pos A, Pos B, Pos C, Pos D & Negative) x 0.2mL	
<input type="checkbox"/> M315	FilmArray RP2/RP2plus Control Panel	12 tubes (6 each of Positive Controls & Negative Controls) x 0.3mL	
<input type="checkbox"/> M323	ePlex BCID-GP Control M323	12 tubes (4 each of Positive A, Positive B and Negative) x 0.050 mL	
<input type="checkbox"/> M404	Unyvero LRT/Pneumonia Control Panel M404	12 tubes (4 each of Positive A, Positive B and Negative) x 0.18 mL	

Special Instructions: _____

SHIPPING INFORMATION

Company: _____
 Attn: _____
 Address _____
 City / State / Country / Zip Code _____

BILLING INFORMATION

Same as Ship To
 Company: _____
 Attn: _____
 Address _____
 City / State / Country / Zip Code _____

PAYMENT INFORMATION

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