

**Order Form**

**Platform-Specific Molecular Controls™ - FOR RESEARCH USE ONLY**  
**NOT FOR USE IN DIAGNOSTIC PROCEDURES**  
[www.MolecularControls.com](http://www.MolecularControls.com)

Please indicate below the quantity of each product ordered, and supply the shipping and billing information.

Luminex (Tm Bioscience Tag-It™) Platform				
<b>ASHKENAZI JEWISH PANEL CONTROL</b>				
<b>AJP Control - 100 µl Vial</b>	<b>Product ID:</b>	<b><u>AJP-100</u></b>	Price per Control (\$ U.S.)	\$1,500 <input type="checkbox"/> (Indicate the number of vials)
No. Mutations per Vial	31			
<b>CYP2C9/VKORC1 CONTROL (Warfarin Sensitivity by CYP2C9 &amp; VKORC1 Genotyping)</b>				
<b>WS Control - 100 µl Vial</b>	<b>Product ID:</b>	<b><u>WS-100</u></b>	Price per Control (\$ U.S.)	*) <input type="checkbox"/> (Indicate the number of vials)
No. Mutations per Vial	8			
<b>CYTOCHROME P450 CONTROLS</b>				
<b>P450-2C19 Control - 50 µl Vial</b>	<b>Product ID:</b>	<b><u>2C19-50</u></b>	Price per Control (\$ U.S.)	\$300 <input type="checkbox"/> (Indicate the number of vials)
No. Mutations per Vial	7			
<b>P450-2D6 Control - 50 µl Vial</b>	<b>Product ID:</b>	<b><u>2D6-50</u></b>	Price per Control (\$ U.S.)	\$300 <input type="checkbox"/> (Indicate the number of vials)
No. Mutations per Vial	17			

\*) Send request for an evaluation sample to [Info@Cfcontrol.com](mailto:Info@Cfcontrol.com)

**Shipping Address:**

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_

**Billing Address:**

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_

**Purchase Order Option**

Purchase Order No.: \_\_\_\_\_  
Order Placed By: \_\_\_\_\_ Department: \_\_\_\_\_  
Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Please fax completed order to 1-509-474-4354