



OncoImmunitin, Inc.

Date: / / 200_

Institution name: _____

Order placed by: _____ Phone: () -

Enduser's name: _____ Phone: () -

P.O. # _____ or Credit Card: VISA MasterCard AmEx

Credit Card # _____ Exp. Date: /

Name on credit card: _____ Billing Zip Code : - -

(Green=X₁D₂: FL1 on FACS/fluorescein microscopy filter; Red=X₂D₂: FL2 on FACS/rhodamine microscopy filter)

Manufacturer's Suggested U.S. Prices
(Prices outside U.S. may be higher)

Catalog #	Product Name	Academic Price [List Price]	Quantity		
Caspases					
A304R1G-6	PhiPhiLux [®] -G ₁ D ₂ (60 assays)	\$500 [600]	1	2	other _____
A304R1G-3	PhiPhiLux [®] -G ₁ D ₂ (30 assays)	\$300 [350]	1	2	other _____
A304R2G-6	PhiPhiLux [®] -G ₂ D ₂ (60 assays)	\$500 [600]	1	2	other _____
A304R2G-3	PhiPhiLux [®] -G ₂ D ₂ (30 assays)	\$300 [350]	1	2	other _____
CPL8R1L-3	CaspaLux [®] 8-L ₁ D ₂ (30 assays)	\$350 [400]	1	2	other _____
CPL8R2L-3	CaspaLux [®] 8-L ₂ D ₂ (30 assays)	\$350 [400]	1	2	other _____
CPL9R1M-3	CaspaLux [®] 9-M ₁ D ₂ (30 assays)	\$350 [400]	1	2	other _____
CPL9R2M-3	CaspaLux [®] 9-M ₂ D ₂ (30 assays)	\$350 [400]	1	2	other _____
Cytotoxicity Assays					
CTL602-6	CyToxiLux [®] -PLUS! (50 assays)	\$300 [400]	1	2	other _____
GTL702-6	GranToxiLux (50 assays)	\$325 [425]	1	2	other _____
Elastase					
E102R1G-6	ElastoLux [®] -G ₁ D ₂ (60 assays)	\$500 [600]	1	2	other _____
E102R2G-6	ElastoLux [®] -G ₂ D ₂ (60 assays)	\$500 [600]	1	2	other _____
Cathepsin D					
CD102R1G-6	CaDiLux [®] -G ₁ D ₂ (50 assays)	\$500 [600]	1	2	other _____
CD102R2G-6	CaDiLux [®] -G ₂ D ₂ (50 assays)	\$500 [600]	1	2	other _____

To customize a kit, i.e., in a medium other than RPMI1640 + HEPES, specify (Additional fee may apply):

Plus shipping and handling fee for up to 2 kits:

US: second day delivery (may be earlier, depending on carrier)

\$25

International: 2 to 4 business days delivery

\$45

For EU customers, please provide institution's VAT number as duty and other taxes are the responsibility of the enduser

Total order (Add MD State sales tax of 5% if applicable) \$ _____

To customize a kit, i.e., in a medium other than RPMI1640 + HEPES, specify (Additional fee may apply):

Volume purchase discounts: 5 kits for the price of 4 or 13 kits for the price of 10

Payment by P.O. # from a foreign organization must be made with a check in U.S. dollars drawn on a bank located in the U.S. or by wire transfer. Payment in U.S. dollars drawn from a bank located outside the U.S. requires an additional fee of \$30.

Billing address:

Shipping Address:

