

Please fill in as much information as possible. Items in MUST be filled in before a quotation will be generated for you. If you need assistance, please call us and an applications engineer will be happy to help you.

Name:	Date:
Company:	
Address:	Phone:
	Email:
Purpose of Inquiry: ()Purchase ()Budget	Best time to contact:

	NAME	PHONE	EMAIL
End User			
Technical Contact			

Need is: () Immediate () 3-6 months () 6-9 months () 9 - 12 months () long term

Is this a standard method, i.e., ASTM, USP, EPA, etc.? () Yes () No
 If yes, what is the method number? a.
 b.
 () Gaseous () Liquid
 If no, give a brief description of application:
 () Gaseous () Liquid
 () Gaseous () Liquid</p

2a. Sample— Chemical Composition: list all components of interest

Component Name	Chemical Formula	%	ppm	ppb

2b. Sample — Chemical Composition: list all components present but not of interest

Component Name	Chemical Formula	%	ppm	ppb

3. Sample Method

Manual: () syringe () gas sample valve () other (specify) Auto-sampling: () liquid auto-sampler () automatic gas sample valve

- 4. GC Detectors Required (if known)
 () TCD () FID () DID () Other (specify):
 () PID () FPD () Not sure
- 5. GC Columns Required (if known)
- () Packed () Capillary

	Length	Diameter	% Liquid Phase	Solid support	Mesh
a)					
b)					
c)					

- 6. Laboratory installation? () Yes () No If no, where will the GC be located?
- 7. Hazardous area classification at GC? () Nonhazardous () Hazardous If hazardous, Class: Division: Group:
- 8. Power Available: VAC: Hz:
- 9. Do you require data handling? () Yes () No If yes, explain requirements:
- 10. Additional Information / Requirements