



REQUEST FOR QUOTE

DATE:

CONTACT INFORMATION

First Name:

Last Name:

Mailing
Address:

Phone:

E-mail Address:

GC USE: Lab Using Syringe
 Lab Using Auto-Sampler
 Lab Using Sample Valve
 On-Line Process
 At-Line

Targeted
Analysis Time:

Required
Analysis Time:

DETAILED SAMPLE INFORMATION (All Components, not only those interested in measuring)

Component 1	Measured Range	LOD
Component 2	Measured Range	LOD
Component 3	Measured Range	LOD
Component 4	Measured Range	LOD
Component 5	Measured Range	LOD
Component 6	Measured Range	LOD

Note: If more than one sample/stream please add same info above to separate sheets. Send existing chromatograms and information on current methods, columns and detectors if available.

SAMPLE/PROCESS CONDITIONS

Supply
Pressure

Return
Pressure

Sample
Temp

Sample Phase

Dissolved
Solids

Yes
No

Particulate
Loading

Yes
No

Contains Toxic
Materials

Yes
No

MSDS

Yes
No

Acids, Caustic,
Alcohols, etc
Present

Data Output
Requirement

Additional
comments or
detailed
answers to
above:

Send Completed RFQ to TML_Sales@teledyne.com including copies of any standards, current chromatographs, current data reports or other helpful information.
