



## REQUEST FOR QUOTE

**DATE:**

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## CONTACT INFORMATION

First Name:

Last Name:

Mailing  
Address:

Phone:

E-mail Address:

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

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Targeted  
Analysis Time:

Required  
Analysis Time:

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## 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:

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*Send Completed RFQ to [Quote@falconfast.net](mailto:Quote@falconfast.net) including copies of any standards, current chromatographs, current data reports or other helpful information.*

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