



|                          |             |
|--------------------------|-------------|
| <b>Please check one:</b> |             |
| Quotation _____          | Order _____ |

## Custom Quotation/Order for Solvent Desorption Sorbent Tubes

Please complete each numbered section on both pages of this specification form and send to your SKC representative:

|                          |                          |                          |                          |                            |                         |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|-------------------------|
| <i>SKC Inc.</i>          | <i>SKC Gulf Coast</i>    | <i>SKC South</i>         | <i>SKC West</i>          | <i>SKC Limited</i>         | <i>SKC South Africa</i> |
| <i>Tel: 800-752-8472</i> | <i>Tel: 800-225-1309</i> | <i>Tel: 800-752-7684</i> | <i>Tel: 800-752-9378</i> | <i>Tel: (01258) 480188</i> | <i>Tel: 11 913 2666</i> |
| <i>Fax: 800-752-8476</i> | <i>Fax: 800-752-4853</i> | <i>Fax: 800-752-7329</i> | <i>Fax: 800-752-1127</i> | <i>Fax: (01258) 450968</i> | <i>Fax: 11 913 2675</i> |

**1. Type of Order:** (Please check one)

- New order for solvent desorption tubes**
- Repeat order** (Previous SKC CPM # \_\_\_\_\_)

**2. Quantity ordered** \_\_\_\_\_ (Note: All custom orders are subject to a ± 10% variation in quantity)

**3. Analyte** \_\_\_\_\_ **4. Analytical method number and agency** (if available) \_\_\_\_\_

**5. Purchasing Terms and Authorization:**

**Terms:** Purchase orders for solvent desorption sorbent tubes must be accompanied by this form. Purchase orders may not be changed or cancelled after they are received by SKC Inc. **Custom order solvent desorption sorbent tubes are not returnable.** See the SKC Limited Warranty and Return Policy at <http://www.skcinc.com/warranty.asp>.

SKC reserves the right to cancel this order if it is determined that SKC cannot produce a quality solvent desorption sorbent tube according to the specifications provided.

**Authorization:** The signature of the undersigned confirms that the specifications supplied on form # 9560, Revision 1010 are correct and agrees to the custom order terms.

Name (please print or type) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_ Fax: \_\_\_\_\_

**6. Tube specifications (Mark any special instructions on drawing on reverse side, including the blank space in the tube)**

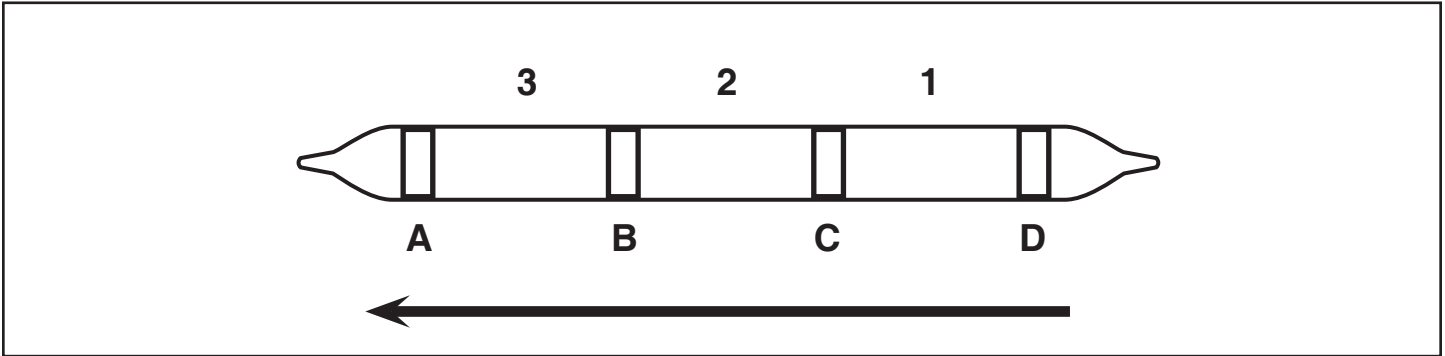
**A. Glass:**

O.D.: \_\_\_\_\_ 10 \_\_\_\_\_ 8 \_\_\_\_\_ 7 \_\_\_\_\_ 6 \_\_\_\_\_ other

Length: \_\_\_\_\_ 150 \_\_\_\_\_ 110 \_\_\_\_\_ 70 \_\_\_\_\_ other

Sealed tip: \_\_\_\_\_ yes \_\_\_\_\_ no Explain: \_\_\_\_\_

**Note: All SKC tubes are manufactured with a space before the spring, glass wool, primary section, separator, backup section and final separator.**



**B. Separators (Retaining plugs) Choose from: Glass Wool, Foam, or custom. Indicate which type for each separator required.**

| Separator | Type Required | Separator | Type Required |
|-----------|---------------|-----------|---------------|
| A         | _____         | C         | _____         |
| B         | _____         | D         | _____         |

Stainless Steel Spring Retainer Required? \_\_\_\_\_ yes \_\_\_\_\_ no

**C. Sorbent:**

**Note: If sorbent will be supplied by customer, MSDS may be required.**

Section 1:  
Sorbent type \_\_\_\_\_ Bed weight \_\_\_\_\_

Section 2:  
Sorbent type \_\_\_\_\_ Bed weight \_\_\_\_\_

Section 3:  
Sorbent type \_\_\_\_\_ Bed weight \_\_\_\_\_

Sorbent preparation or treatment: \_\_\_\_\_