



<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 return to your SKC representative:

**SKC Inc.**  
Tel: 800-752-8472  
Fax: 800-752-8476

**SKC Gulf Coast**  
Tel: 800-225-1309  
Fax: 800-752-4853

**SKC South**  
Tel: 800-752-7684  
Fax: 800-752-7329

**SKC West**  
Tel: 800-752-9378  
Fax: 800-752-1127

**1. Type of order** (Please check one)

\_\_\_\_\_ New order for solvent desorption tubes      \_\_\_\_\_ Repeat order (Previous SKC S# \_\_\_\_\_)

**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 custom 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 sorbent tubes are not returnable.

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

SKC Inc. hereby disclaims all warranties either expressed or implied, including any implied warranties of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this product. No description of the goods being sold has been made a part of the basis of the bargain or has created or amounted to an express warranty that the goods will conform to any such description. Buyer shall not be entitled to recover from SKC Inc. any consequential damages, damages to property, damages for loss of use, loss of time, loss of profits, loss of income, or other incidental damages. Nor shall buyer be entitled to recover from SKC Inc. any consequential damages resulting from defect of the instrument including, but not limited to, any recovery under section 402A of the Restatement, Second of Torts.

Authorization: The signature of the undersigned confirms that the specifications supplied on form # 9560, Revision 0902 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)**

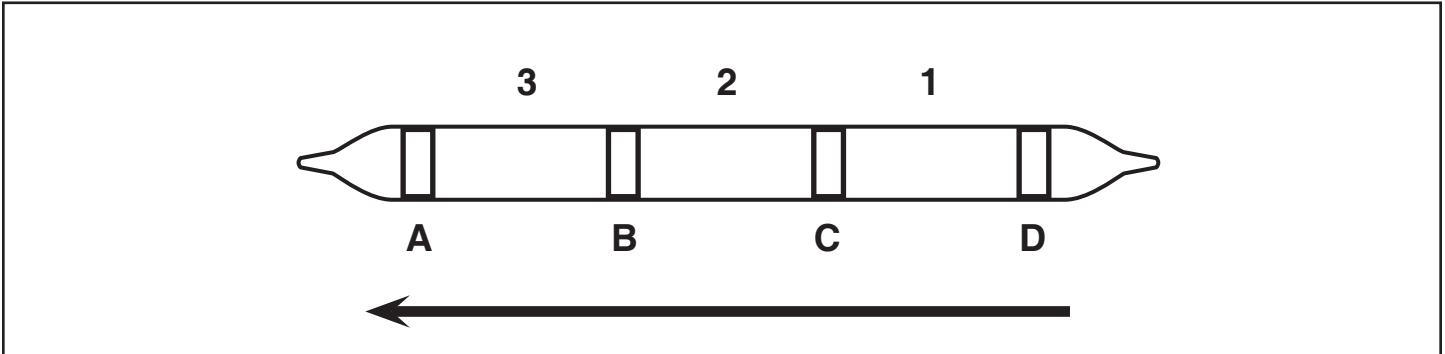
**A. Glass:**

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: \_\_\_\_\_