



Please check one:

Quotation _____ Order _____

Quotation/Order for Pre-spiked Tubes and Samplers

Please complete appropriate numbered sections of this specification form and send 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	SKC Limited Tel: (01258) 480188 Fax: (01258) 450968	SKC South Africa Tel: 11 913 2666 Fax: 11 913 2675
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1. Type of Order: (Please check one)

New order for Pre-spiked Tubes or Samplers Repeat order (Previous SKC CPM # _____)

2. Standard Tube, 6 x 70 mm sealed, two-section glass tube with 100/50 mg Anasorb CSC
 Standard Tube, 8 x 110 mm sealed, two-section glass tube with 400/200 mg Anasorb CSC
 Standard Tube, 10 x 110 mm sealed, two-section glass tube with 800/200 mg Anasorb CSC
 Formaldehyde Tube, 6 x 110 mm sealed, two-section glass tube with 300/150 mg Silica Gel coated with 2,4-Dinitrophenylhydrazine

Chemical: _____

Mass of compound to be spiked: _____

OR

Custom Tube, SKC tube or sampler to be spiked _____

Chemical: _____

Mass of compound to be spiked: _____

3. Quantity ordered: (Note all orders are subject to a ±10% variation in quantity and a minimum order of 10) _____

4. Analytical Method Number: (if available) _____

5. Purchasing Terms and Authorization:

Terms: Purchase orders for custom SPIKES must be accompanied by this form. Purchase orders may not be changed or cancelled after they are received by SKC Inc. **Custom order SPIKES 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 SPIKE according to the specifications provided.

Authorization: The signature of the undersigned confirms that the specifications supplied on form # 9566, Revision 1010 are correct and agrees to the custom order terms.

Name (please print or type) _____

Signature _____ Date _____

Company Name _____

Contact Telephone Number _____ Fax: _____