

APPLICATION QUESTIONNAIRE

To provide you with an AC application solution, we require the following information.

Please fill in this form (*=required fields).

Quotation no.

1. CUSTOMER CONTACT INFORMATION

Name*

Position

Company*

Department

Address* *(no P.O. Boxes please)*

Mail code*

City*

Country

Phone*

Fax

E-mail*

2. SYSTEM INFORMATION

Does it concern a replacement of an existing system?

YES, the GC serial number is

NO

3. PLEASE DEFINE THE SAMPLE PROPERTIES IN THE TABLE BELOW

Is the sample liquid or vapor?

Vapour

Liquid → can the sample be vaporized?

YES NO N/A (liquid injection)

Does the sample contain water?

YES NO

Is the sample toxic?

YES NO

Is the sample corrosive?

YES NO

Please select sample boiling point range: IBP: FBP:

Temperature unit: °F or °C

Sample pressure: psi

PLEASE DEFINE THE STREAM COMPOSITION IN THE TABLE BELOW

(Please indicate which components are present in the streams and which are of interest for the application) enter at least 1 line of data :

Stream (matrix)	*Component(s)	*Concentration %/ppm	*To be analyzed?		*Measuring range
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Note: Please use numbers, and mark the applicable units.

4. ADDITIONAL REQUIREMENTS

Analyzer Type: 7890 → Use dual channel (if possible)? Yes No

6850

SFC

HPLC

Voltage Requirements 120V 230V

Select sample introduction method Pressurized Liquid (LSV)

Gas Phase (GSV)

Liquid at ambient (Syringe)

Select autoinjector G2880 (for 6850 GC)

G2613A (for 6850 and 7890 GC)

→ Include G2614A sampler tray? Yes No

Operating Platform required? Chemstation EZChrom Other

Please indicate if the following items should be included:

Full G2070BA Additional control module G2071BA

Personal Computer Additional License G2075BA

5. PLEASE SPECIFY THE PROCESS FOR WHICH YOU REQUIRE AN APPLICATION SOLUTION

PLEASE FILL IN THE REQUIRED APPLICATION(S)

PLEASE FILL IN DESIRED SPECIFIC CALCULATIONS

PLEASE SPECIFY THE METHODS APPLICABLE: UOP/DIN/ASTM/IP

RELEVANT COMMENTS TO SPECIFY THE REQUIRED ANALYSIS

PLEASE RETURN THIS FORM TO:

- Northern and Latin America → gcquotes@pacip.com

Name sales representative::

Date :