



# LAB SURVEY

## NEEDS AND APPLICATIONS

What is the system application?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> HPLC                    | <input type="checkbox"/> Reagent Grade Solution Make-Up | <input type="checkbox"/> Clinical Diagnostic      |
| <input type="checkbox"/> Ion Chromatography / MS | <input type="checkbox"/> Glassware Washer               | <input type="checkbox"/> Protein Purification     |
| <input type="checkbox"/> Gas Chromatography / MS | <input type="checkbox"/> BOD/ COD                       | <input type="checkbox"/> Mass Spectroscopy        |
| <input type="checkbox"/> Clinical Analyzer Feed  | <input type="checkbox"/> USP Purified                   | <input type="checkbox"/> Phase Free water         |
| <input type="checkbox"/> Instrumentation Feed    | <input type="checkbox"/> Microelectronics               | <input type="checkbox"/> General Demineralization |
| <input type="checkbox"/> Tissue Culture Research | <input type="checkbox"/> Trace Metals Analysis          | <input type="checkbox"/> Other: _____             |

What is the water Requirement

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Type I - CAP / NCCLS   | <input type="checkbox"/> Type I - ASTM            | <input type="checkbox"/> Additional Reqmts: _____ |
| <input type="checkbox"/> Type II - CAP / NCCLS  | <input type="checkbox"/> USP - 24 Purified        | <input type="checkbox"/> Additional Reqmts: _____ |
| <input type="checkbox"/> Type III - CAP / NCCLS | <input type="checkbox"/> Additional Reqmts: _____ | <input type="checkbox"/> Additional Reqmts: _____ |

What is the Feedwater Quality

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> RO           | <input type="checkbox"/> Tap Feed (Orde: Well / Qty / Surface) |
| <input type="checkbox"/> Distillation | TDS: _____ TOC: _____  |
| <input type="checkbox"/> Service D.I. | pH: _____ Silica: _____  |
| <input type="checkbox"/> RO/DI        | Hardness: _____ CO <sub>2</sub> : _____                        |
| <input type="checkbox"/> Central Loop | Alkalinity: _____ Press: _____                                 |

What is the Volume of Water per Day (liters / day): \_\_\_\_\_

What are the dispensing requirements (liter / min.): \_\_\_\_\_

What are the space limitations - if any (H' X W' X D''): \_\_\_\_\_

Countertop or wall mounted?: \_\_\_\_\_

What are the power requirements (Voltage / Cycles / Amperage): \_\_\_\_\_

Is a drain available? Yes / No

Specific Options:

- Automatic Dispensing Gun
- UV
- UF Pyrogen Filter
- Other: \_\_\_\_\_

Customer Information: \_\_\_\_\_

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

Company Address: \_\_\_\_\_

Building / Laboratory Location: \_\_\_\_\_

Phone / Fax Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

How did you hear about Aries Filterworks?: \_\_\_\_\_