

Company		Contact	
Address		Telephone	
		Fax	
		E-Mail	
Please provide container/closure information			
Part #	Description (vial size, quantity of vials per box, quantity of vials per carton and with or without box bi-directional dividers)		Annual Quantity
Application Details			
Application <input type="checkbox"/> High Throughput Screening <input type="checkbox"/> Chromatography <input type="checkbox"/> Cryogenic <input type="checkbox"/> Sample Storage <input type="checkbox"/> Genevac <input type="checkbox"/> Other (Specify)	Chemical Exposure <input type="checkbox"/> DMSO <input type="checkbox"/> Methanol <input type="checkbox"/> Xylene <input type="checkbox"/> TFA <input type="checkbox"/> Other (Specify)	Temperature <input type="checkbox"/> -196 C (Cryogenics) <input type="checkbox"/> Autoclave <input type="checkbox"/> Ambient <input type="checkbox"/> -80 C <input type="checkbox"/> Others(Specify)	Unique Conditions (Please Describe)
Formal labeling specification? Please fax additional information.			
Bar Code Type Linear <input type="checkbox"/> Code 3 of 9 <input type="checkbox"/> Code 2 of 5 <input type="checkbox"/> Code 128 (A, B or C) <input type="checkbox"/> Other(Specify) 2 Dimensional <input type="checkbox"/> PDF 417 <input type="checkbox"/> Data Matrix	Bar Code Density <input type="checkbox"/> 5ml <input type="checkbox"/> 6.6ml <input type="checkbox"/> 7.5ml <input type="checkbox"/> 10ml <input type="checkbox"/> Other(Specify)	Bar Code Material <input type="checkbox"/> Material Label <input type="checkbox"/> Ceramic <input type="checkbox"/> Tamper-Evident <input type="checkbox"/> Other (Specify)	Bar Code label Placement & Tolerance Vertical <input type="checkbox"/> Full Wrap around label i.e. 360 degree's <input type="checkbox"/> Partial Wrap around i.e. 180 degree's Tolerance <input type="checkbox"/> Standard (+/-0.00625") <input type="checkbox"/> Other (Specify)
Barcode Characters			
Bar code message starting number:			
Number of alpha characters:		Number of numeric characters:	
Bar code scanner make and model:			
Label sketch with dimensions and orientation on vial (blueprint preferred)			
Options (97% or better yield with missing numbers identified comes standard)			
<input type="checkbox"/> 100% yield (no missing numbers)			
<input type="checkbox"/> Vials packaged sequentially in original carton			
<input type="checkbox"/> Apply caps to vials			
<input type="checkbox"/> Tareweighting Required?			
Customer Name:		Customer Signature:	
		Date:	