

Quote Request Form

* Required Field							
*Company Name:				*Phone No:			
*Contact Name:				*Fax No:			
Company Address:				E-mail Addr	ess:		
City:	State) :	Zip C	ode:		Country:	
*Concentration Units:	Total Volu	me Required	:		Bottle	d as:	
*Desired Matrix/Solvent: (Matrix may change due to compatibility)		Filter	Type:			Qnty: (Set includes	set(s) -10 Filters/5 Blanks)
(main may enamge due to companionity)						(Set includes	-10 Filters/5 Blanks)

Please fill in desired concentration of the required elements/components.

Please use the blank fields to fill in any components not listed

Comp	Conc	Comp	Conc	Comp	Conc	Comp	Conc	Comp	Conc
Al		In		Ru		Acetate			
Sb		Ir		Sm		Ammonium			
As		Fe		Sc		Bromide			İ
Ba		La		Se		Bromate			
Be		Pb		Si		Chloride			
Bi		Li		Ag		Chlorite			
В		6Li		Na		Chlorate			
Cd		Lu		Sr		Cyanide			
Ca		Mg		S		Fluoride			
С		Mn		Ta		Formate			
Ce		Hg		Te		Iodide			
Cs		Mo		Tb		Lactate			
Cr		Nd		T1		Nitrate			
Co		Ni		Th		Nitrite			
Cu		Nb		Tm		Perchlorate			
Dy		Os		Sn		Phosphate			
Er		Pd		Ti		Propionate			
Eu		P		W		Sulfate			
Gd		Pt		U					
Ga		K		V					
Ge		Pr		Yb					
Au		Re		Y					
Hf		Rh		Zn					
Но		Rb		Zr					

Special Instructions:			

If you have any questions, please contact our Customer Service Department at (843) 767-7900 or by email at info@highpuritystandards.com