



Please check one:	
Quotation _____	Order _____

Custom Quotation/Order for Sample Bags

Please complete each numbered section on both pages 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 custom sample bags**
- Repeat order**
(Previous SKC CPM # _____)

2. Drawing

Please indicate dimensions in inches and positions of fitting(s) and eyelet(s).

3. Bag Dimensions

Indicate inside seal dimensions here and on the drawing.
(Please allow 1/4-inch variance on all dimensions)

Length _____ inches

Width _____ inches

Multiple cavities (double seams to separate cells)

4. Fitting(s) Location(s)

Indicate the fitting(s) location(s) here and on the drawing. Allow for a one-inch variance in the placement of the fitting.

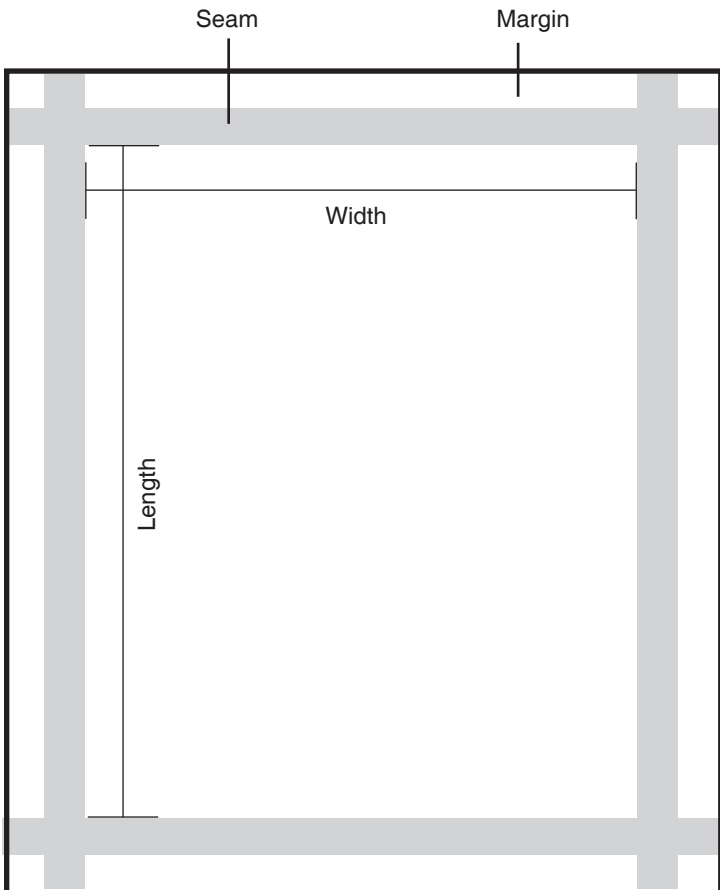
Inches down from length seal _____

Inches down from width seal _____

5. Eyelet(s)

Indicate eyelet(s) location(s) on the drawing. Eyelet(s) must be placed in the outside margins of the bag.

Number of eyelets _____ None _____



6. Fittings Style (see drawings at right)

(SKC hose fittings are 3/16-inch OD)

Single hose/valve with septum - stainless steel (Fig. 1) _____

Single polypropylene (Fig. 2) _____

Dual stainless steel (Fig. 3) _____

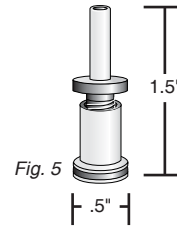
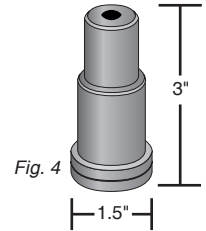
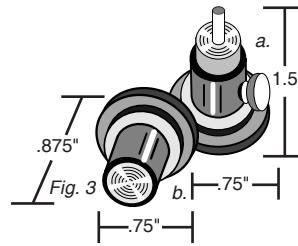
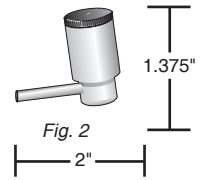
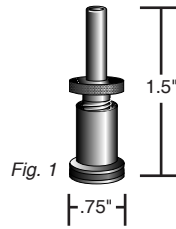
Stainless steel hose/valve fitting (Fig. 3a) _____

Stainless steel septum fitting (Fig. 3b) _____

Exhaled breath fitting (Fig. 4) _____

Single hose/valve with septum - PTFE (Fig. 5) _____

Other _____
Fittings (other than SKC's) must be supplied with this form



7. Material of Bag

FlexFoil PLUS _____

2-mil FluoroFilm _____

SamplePro FlexFilm _____

SamplePro PVDF _____

Other _____

8. Labels

SKC standard label _____

No label _____

Custom label supplied _____

9. Quantity _____

10. Purchasing Terms and Authorization

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

Authorization: The signature of the undersigned confirms that the specifications supplied on form # 85177, Revision 1112 are correct and agrees to the custom order terms.

Name (please print or type) _____

Signature _____ Date _____

Company Name _____

Contact Telephone Number _____ Fax _____