



# 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"/> Rnase 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 (Circle: Well / City / 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?:** \_\_\_\_\_