

Custom Product Request

To: Department Manager
NSI Lab Solutions
7212 ACC Blvd.
Raleigh, NC 27617

Phone: 800-234-7837 or (919) 789-3000

Fax: (919) 789-3019

E-Mail: nsi@nsilabsolutions.com

From: Name: _____
Company: _____
Address: _____

Direct Phone: _____
Email: _____
Fax: _____
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Package Options:

Chemistry

Screw Cap Bottles:

- 10 mL 250 mL
 25 mL 500 mL
 100 mL 1000 mL
 4 L

Ampules:

- 2 mL 10 mL
 5 mL 20 mL

Microbiology:

- Glass Vial
 Snap-Stick

No. of Analytes _____

Product Description _____

Concentration _____ **Required Number of Units** _____

Solvent/Matrix _____

	Analyte	CAS No. (required for organics)	Concentration (if varied)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____

Concentration Units:

- ug/mL ug/kg
 mg/mL mg/kg
 mg/L cfu/pellet
 wt. %

Validation/Documentation Required; choose one:

- Gravimetric or Volumetric
 Analytical
 Micro-Quantitative
 Micro-Qualitative P/A

**Photocopy this form
for future requests.**

Please, one solution per request form. Copy this form for multiple custom solutions.

Quotations are valid for 60 days from quote date unless otherwise noted.

TEAR ALONG PERFORATION