



Tissue Simulation & Phantom Technology

CUSTOM ORDER INQUIRY

CONTACT INFORMATION:

NAME:

ORGANIZATION:

ADDRESS:

ADDRESS 2:

CITY: STATE: ZIP:

COUNTRY:

PHONE: FAX:

E-MAIL:

SUBMISSION DATE:

INTERNAL USE: REVIEWED AND TO PROCEED TO QUOTE	
MANAGEMENT APPROVAL	<input type="text"/>
PROJECT NUMBER	<input type="text"/> - <input type="text"/>
QUOTE BY	<input type="text"/>

PRODUCT DESCRIPTION AND INTENDED USE

ESSENTIAL PERFORMANCE CRITERIA

CERTIFICATION, SPECIAL DOCUMENTATION AND LABELING REQUIREMENTS IF AVAILABLE

REGULATORY COMPLIANCE IF AVAILABLE

PACKAGING REQUIREMENTS IF AVAILABLE

Are there any safety or handling considerations outside of normal office or lab conditions?

Initial quantity required Future potential

Do you have a budget for this project

What is the time frame for the initial prototype

Please provide any design concepts, sketches, dimensions and tolerances. Attach additional pages.

Note: Document must be saved to computer before submitting to CIRS via "Send to CIRS" button