

Request for Quote – Test Standard Sets

Company Name: _____
Contact Person: _____
Address: _____
Email: _____
Phone number: _____

Specifications:

Type of defect kit: Particulate Cosmetic

Type of container: Ampoule Vial Syringe Cartridge

Container sizes: _____

Filling: WFI Placebo Product

Type of product: Liquids Suspensions Lyophilized product/powder

Particulate defect material:

- glass spheres
- amorphous glass
- stainless steel (spheres or shavings)
- fibers (hair, fabric, etc.)
- rubber (stopper, tubing, etc.)
- other
(Specify: _____)

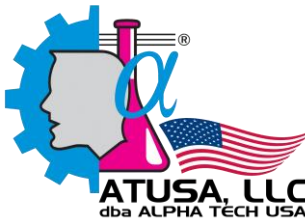
Particle defect size:

<input type="checkbox"/> 50µm	<input type="checkbox"/> 150µm	<input type="checkbox"/> 300µm	<input type="checkbox"/> 500µm	<input type="checkbox"/> 800µm
<input type="checkbox"/> 80µm	<input type="checkbox"/> 200µm	<input type="checkbox"/> 350µm	<input type="checkbox"/> 600µm	<input type="checkbox"/> 900µm
<input type="checkbox"/> 100µm	<input type="checkbox"/> 250µm	<input type="checkbox"/> 400µm	<input type="checkbox"/> 700µm	<input type="checkbox"/> 1000µm

Other sizes : _____

Fiber length:

- 0.5mm – 1.0mm
- 1.0mm – 1.5mm
- 2.0mm – 2.5mm
- Other lengths : _____



Request for Quote – Test Standard Sets

Cosmetic defects:

Ampoule tips: burnt tip
 blown tip

Vials: cracks (neck shoulder body heel)
 crimp defect
 stopper defect
 cap defect
 other: Specify _____

Syringes/Cartridges:

cracks: flange body
 bent needle
 stopper defects (liquid in the ribs, inverted stopper, etc.)
 other: Specify _____

Number of containers per defect: _____

Desired delivery date: _____

Certificate of Conformance: with photographic record without photographic record

Handling/storage requirements: Room temperature controlled temperature: _____°C