



ACCOUNT MANAGER _____	DATE SUBMITTED _____
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COMPANY NAME _____	CONTACT NAME _____
ADDRESS _____	TELEPHONE _____
	FAX _____
	EMAIL _____

Application Requirements

- Air Bubble Detection** *Bubble Size* _____
- Continuous Level** *Size and Type of Vessel* _____
- Blood Component** *Required Specification* _____
- Point Level Detection (PLD)** . . *Size and Type of Vessel* _____
- Occlusion** *Size and Type of Tubing* _____
- Liquid Type** _____

	Material Type	Soft/Rigid	Outer Diameter (O.D.)	Inner Diameter (I.D.)	Thickness of Wall	Sample Sent
Tubing						<input type="checkbox"/> YES <input type="checkbox"/> NO
Vessel		n/a		n/a		<input type="checkbox"/> YES <input type="checkbox"/> NO

Electronic Requirements

- Will sensor and electronics be individual components?** YES NO
If Yes, how much cable is required between the sensor and electronics? _____
- Does customer prefer sensor package with integral service?** YES NO
- Voltage Input:** 5 Volts DC 12 Volts DC 24 Volts DC
 Other (provide detail) _____
- Output Options:** TTL/CMOS Open Collector

Production Information

Anticipated Quantities
Short Term _____ *Long Term* _____

Comments _____

