

CRS gas purifiers and filters request

Recommendation and lifetime estimate

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| Application details | |
|--|--|
| 1. What is your source gas? | |
| 2. What contaminants do you need removed from the source gas? Please list estimated concentration of each impurity. | |
| 3. Average flow rate of the application? | |
| 4. Maximum pressure rating of the application? | |
| 5. Do you have a fitting requirement? We have several options in brass or stainless steel, compression, quick connect fittings for fast replacements, and push to connect fittings for plastic tubing applications. Available in 1/8" or 1/4". | |
| 6. Average usage/runtime? (e.g. continuous, 8 hours per day) | |
| 7. What is your general application for this gas purifier or filter? | |
| 8. Do you desire a visual depletion indicator? | |
| 9. Do you have a specific CRS gas purifier or filter in mind, or are you looking to replace an existing purifier? | |
| 10. What type of quantities will you need? (e.g. one-time purchase, a few filters per year, 20 per month) | |
| 11. Any other relevant information surrounding the application? | |



Contact details

Please enter your details and we will contact you to discuss your requirements. Please send this form to your Trajan account manager or techsupport@trajanscimed.com.

| Form completed by | | | |
|------------------------|--|------|--|
| Title | | | |
| First name | | | |
| Surname | | | |
| Position title | | | |
| Department | | | |
| Organization | | | |
| Email | | | |
| Phone | | | |
| Reference details | | | |
| Trajan account manager | | | |
| Reference number | | Date | |

For more information or to contact us directly visit www.trajanscimed.com