



## Medical Chiller Application Request for Quotation

Company _____		Date _____
Name _____	Office Number _____	
Address _____	Cell Number _____	
City _____	Fax Number _____	
State/ Province _____	Zip/ Postal Code _____	Email _____

### Unit Specification

<input type="radio"/> New		<table style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>		Yes	No
	Yes	No			
<input type="radio"/> Replacement: Model _____		<input type="radio"/> Reservoir Tank			
Serial # _____		<input type="radio"/> Integrated Pump Assembly			
Type/Application		<input type="radio"/> Remote Electrical Panel			
<input type="radio"/> MRI <input type="radio"/> Linear Accelerator		<input type="radio"/> Bag or Cartridge Fluid Filter			
<input type="radio"/> PET Scanner <input type="radio"/> Cyclotron		<input type="radio"/> Air Filter			
Desired Location		<input type="radio"/> HEPA Filter			
<input type="checkbox"/> Indoors <input type="checkbox"/> Air Cooled		Electrical _____ $\frac{V}{V}$ HZ _____    Phase _____			
<input type="checkbox"/> Outdoors <input type="checkbox"/> Water Cooled					
<input type="checkbox"/> Tower Water					
Heat Load (Idle) _____ <input type="radio"/> k BTUH <input type="radio"/> kW/H		Description of Application - Comments & Requests  <div style="border: 1px solid black; height: 150px; width: 100%;"></div>			
Heat Load (Full Load) _____ <input type="radio"/> k BTUH <input type="radio"/> kW/H					
Refrigerant to Be Used _____					
Fluid Type					
<input type="radio"/> Water /Glycol Mix _____ <input type="radio"/> Propylene					
<input type="radio"/> Water Soluable _____ <input type="radio"/> Ethylene					
<input type="radio"/> Hydraulic Fluid    _____ Brand _____ Model _____ SSU					
<input type="radio"/> Other (describe) _____ Brand _____ Model _____ SSU					
Desired Chiller Fluid Leaving Temp _____		Ambient Temp (°F)			
Chiller Fluid Returning Temp _____		Min: _____ Max: _____			
Desired Flow Rate _____ <input type="radio"/> GPM <input type="radio"/> LPM					
Pressure Drop _____ <input type="radio"/> FT <input type="radio"/> PSI <input type="radio"/> Bar					