



Company:.....

Contactperson :.....

Address :.....

Telephone:.....

E-mail:.....

1. In what segment is your laboratory active?

- Medical
- Pharmacy
- Biological
- Other:_____

2. How much space is available?

H (mm):_____

D (mm):_____

W (mm):_____

3. Which tubes/plates would you like to centrifugate?

Volume:_____

Type of tube/plate:_____

How many tubes per cycle?_____

4. How many times a day would you like to run a cycle?



5. Would you like a fixed angle or a swing out rotor?

6. Do you need cooling?

7. Which electricity is available?

