



KAM® KF Application Data Sheet

KAM Controls
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Customer Information

Date: _____

Name: _____ Company: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

End user name and location: _____

Project name: _____

Please complete the following fields indicating the items and quantity to be quoted.

Model: Qty. _____

Starter kit: Y N Qty. _____

KAM Reagents:

Generator Solution A (Anode), pack of 6 100ml, bottles Qty. _____

Generator Solution C (Cathode), pack of 6, 5ml ampoules Qty. _____

Check Solution, box of 10, 4ml ampoules (1% water) Qty. _____

Starter kit includes:

- * (1) Bottle of Generator Solution A
- * (1) Ampoule of Generator Solution C
- * (1) Ampoule of Check Solution
- * (1) Bottle of Silica Gel
- * (1) Gastight Syringe, 10 ul
- * (1) Gastight Syringe, 250 ul White Letter
- * (1) Gastight Syringe, 1.0 ml White Letter
- * (1) Needle, 19 Gauge, 4" Long
- * (1) Needle, 14 Gauge, 4" Long
- * (1) Tube of Special Grease
- * (1) Pack of Rubber Septums
- * (1) Funnel
- * (2) Pipettes

Accessories:

BT Printer Qty. _____

Homogenizer (Please select Dispersing Tool) Qty. _____

Dispersing tool Qty. _____

Homogenizer Stand Qty. _____

Additional notes: