

RFQ FORM

Quote # _____

Customer _____

CUSTOMER INFORMATION

Drawing # _____

Rev # _____

 New Customer Existing Customer Martech Point

Date Submitted: _____

Sales Rep: _____

Contact Name: _____

Engineering Contact: _____

Purchasing Agent: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

PRODUCTION/PROJECT INFORMATION Catalog Custom

Price Point Range: _____

 Molded Component Single Lumen Cath. Regulatory Tear Away Extrusion Multi Lumen Cath. Dialysis Cath. Accessory Other

Description: _____

What is the classification of the device(s)? 510k PMA Other _____**PRODUCT RELATED INFORMATION** Drawings/Schematics Product Specification Material Specs. (type, color, durometer) Quantity Needed Time-Line Functional Criteria Customer Supplied Tooling Packaging Specification Customer Supplied PartsValidation Required Yes No Inspection Criteria DocumentsSample Provided Yes NoFirst Article Lot Yes No

Lot Size _____

Description (include intended uses) _____

REGULATORY PROJECT SERVICES Biocompatibility Testing SLA Models/Rapid Prototype Packaging Validation Accelerated Age Testing Verification Testing Design & Development Assistance Sterilization Validation

Regulatory Project Description: _____

PROJECT HISTORY

**For a quote, please download, fill out and email to: mnunez@martechmedical.com
Or print out this form and fax it to 215-256-8837.**