

Form 3: Enquiry about individual HME tests (adult)



Name of test sample:

Manufacturer:

REF:

LOT:

Full report instead of basic report:

Number of reports*:

*One full report is created for each sample. If you do not want a full report instead of basic report choose 0.

What kind of measurement do you want to order?

Moisture loss

Pressure drop

Moisture loss and pressure drop

Number of samples for moisture loss tests:

Number of samples for pressure drop tests:

Kind of sample: Adult (dedicated for tidal volumes \geq 250 mL)

Type of sample:

HME

HMEF

Filter

Tracheostoma

Unit price per test:

Please choose the test condition:

Cost per extra test day (+24h):

Extra test day:

Unit price per test:

Selection additional full report:

Selection moisture loss tests:

Selection pressure drop tests:

Selection extra test days:

016-0016-C



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