

ORA FIELD LABORATORY EQUIPMENT REQUEST

1. REQUESTED ITEMS(S) *(List general type of equipment with detailed individual items, part numbers, cost on reverse side.)*

2. TOTAL PRICE: = \$

3. EQUIPMENT ESSENTIAL FOR *(Enter appropriate code)*

- 1. Absolute Program or Research Need
- 2. Replacement
- 3. Efficiency
- 4. New Technology

4. PROGRAM PRIORITY *(Enter appropriate code)*

- 1. Medical Devices
- 2. Elemental Analysis
- 3. Food Microbiology
- 4. Nutrition
- 5. Animal Drugs / Tissue Residue
- 6. Seafood / Acquaculture
- 7. Drugs *(NDA / ANDA; DOD Shelflife)*
- 8. Pesticides / Industrial Chemicals
- 9. Drugs / Biologics *(pre-approval etc.)*
- 10. Food Additives
- 11. Natural Toxins
- 12. Filth / Decomposition
- 13. General Purpose

5. BUILDING ROOM MODIFICATION *(If YES, explain in item 6)*

YES

NO

6. JUSTIFICATION AND BACKGROUND *(Provide summary or abstract with additional in-depth details. Use a separate page if required.)*

SIGNATURES / ENDORSEMENTS / RANKING

7. LABORATORY / RESEARCH DIRECTOR	DISTRICT	DATE	PRIORITY
8. DISTRICT DIRECTOR	DISTRICT	DATE	DISTRICT PRIORITY
9. REGIONAL DIRECTOR	REGION	DATE	REGIONAL PRIORITY

PURCHASE REQUISITION INFORMATION FOR PREPARATION OF HHS 393

10. MANUFACTURER / ADDRESS

11. QUOTATION / CONTACT / TELEPHONE

12. GSA CONTRACT

YES

NO

CONTRACT NUMBER:

ITEM	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL