

## ORA FIELD LABORATORY EQUIPMENT REQUEST

1. REQUESTED ITEM(S) *(List general type of equipment with detailed individual items, part numbers, and 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 / Aquaculture
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