



Adhesive Tape & Labels for Critical Environments

UltraTape Label Request Form
RFQ#:

Distributor:
End User:
Contact:
Phone:
Email:
Sales Rep:

OPPORTUNITY		
Is this a new or existing label?	New	Existing
What is the estimated annual usage (EAU)?		
What quantity breaks should be estimated (i.e., monthly, quarterly and semi-annual order quantities)?		
What is the current price of existing label or what is the target price of the labels (if known)?		
LABEL DIMENSIONS		
What is the size of the label?	W:	H:
Will a tear perforation between labels be required?	Yes	No
What core diameter is needed	1"	or 3"
What is the maximum outside diameter of the roll or number of labels per roll?		
EXPOSURE & USAGE		
What is the desired strength of the adhesive (Permanent, Removable/Repositionable)?	Permanent	Removable
What surface will the label be applied to? Is the surface...		
If not ambient, what temperature will labels be exposed to and for how long?		
Will label be manually applied or applied by machine?		
Will label need to be chemical or abrasion resistant? If so, which chemicals?		
PRINTING INFORMATION		
Will the label have any colors or printing by Ultratape? If so, how many colors?		

PRINTING INFORMATION

Will the label need to have variable information printed by Ultratape? (Barcode, sequential numbering, etc.)

Will end user be printing these labels with their own printer? If so, does customer print thermal transfer (uses ribbon) or direct thermal (no ribbon used)?

CLEANROOM REQUIREMENTS (if applicable)

Does the customer require UltraClean (recommended for use in Class 1 – 1000 clean rooms?

UltraClean Classic Clean Standard

STERILIZATION REQUIREMENTS (if applicable)

What type of sterilization is being used?

Does the label need to indicate sterilization or just survive the sterilization process?

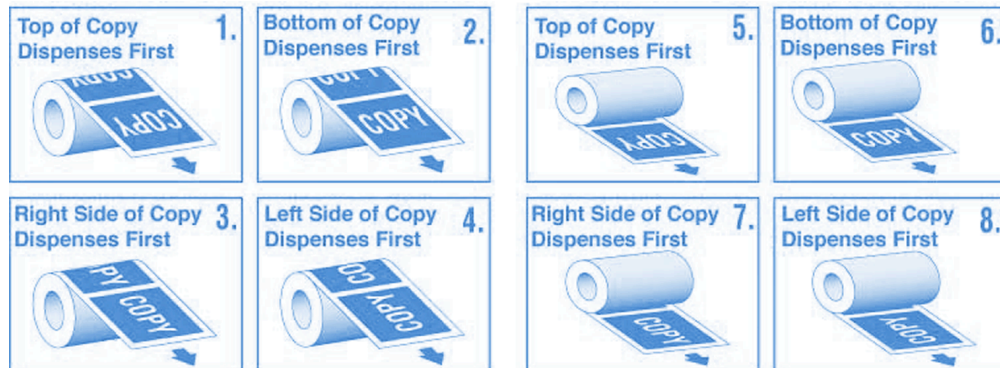
Does the label need to be provided as sterilized?

LABEL ORIENTATION

Please specify label orientation by clicking on image below. If copy position is not listed, please select option #9 and attach drawing.

Copy positions 1–4 labels wound out

Copy positions 5–8 labels wound in



9. Other

OTHER REQUIREMENTS

Please specify any additional requirements or concerns.

If available, a drawing should be supplied when submitting a Label Information Checklist for a quotation request.