Here at Patterson Scientific we understand that there are many anesthesia equipment options available and choosing the best system for your needs can be time consuming and confusing. To help with this process, please print this form and answer the questions below to the best of your knowledge (it’s OK if you don’t know!). When finished, fax the document to Patterson Scientific at 262-506-2601 or scan and e-mail it to Info@pattersonscientific.com. An inhalant anesthesia expert will contact you to clarify any information, answer any questions, and provide a formal quote. Submitting this form does NOT constitute a sales or purchase agreement and carries no obligation for you. This information is confidential and will not be shared with other individuals, companies, or organizations. Please feel free to call 1-800-877-8989 anytime you have any questions or would like to speak to a salesperson directly.

Which anesthesia system are you interested in?

☐ LAAB Elite  ☐ LAAB  ☐ PAM

☐ Link 7  ☐ SAS-3  ☐ Compact Convertible PAM
1. What species do you need to anesthetize? (Please check all that apply)
   - Rats
   - Mice
   - Large Rodents (guinea pigs, rabbits, etc.)
   - Cats
   - Dogs
   - Non-human Primates
   - Large Mammals (swine, sheep, horses, etc.)
   - Other: _______________________________________________________________________

   Comments and questions: _______________________________________________________

2. How long are your typical procedures? ____________________________________________

3. What type of anesthetic gas do you use? ____________________________________________

4. What type of carrier gas do you use? ______________________________________________

5. What type of carrier gas supply do you have? (please check all that apply)
   - H-Tank (approx. 56” tall, 9” diameter)
   - E-Tank (approx. 30” tall, 4” diameter)
   - In-house, piped in
   - Don’t know

   Comments and questions: _______________________________________________________

6. What type of vaporizer fill system do you want?
   - Funnel fill
   - Key Fill
   - Don’t Know
7. What stations will you be using with the anesthesia system? (Please check all that apply)
   ○ Induction chamber
   ○ Nose cone at procedure station
   ○ Stereotaxic device
   ○ Ventilator
   ○ Imaging device
   What type/manufacturer? ______________________________

Other – please list: ______________________________________________________________

Comments and questions: ________________________________________________________

8. What type of waste anesthesia gas (WAG) management does your facility have?
   ○ Active: in-house vacuum
   ○ Active: snorkel
   ○ Non-recirculating hood
   ○ Passive: open vent to outside environment
   ○ Passive: active charcoal canisters
   ○ Don’t know

   If other than above, please describe: ______________________________________________

9. Do you need any anesthetic monitoring equipment? ________________________________

   ADDITIONAL COMMENTS OR QUESTIONS: __________________________________________
   ______________________________________________________
   ______________________________________________________

   How do you wish to be contacted?

Your Name: __________________________________________

   ○ E-mail: Please list e-mail address: ______________________

   ○ Phone: Please list phone number(s): _____________________

   Best time to contact: ________________________________

   OPTIONAL: Facility name and address: ______________________
   ______________________________________________________
   ______________________________________________________

PATTERSON SCIENTIFIC 1-800-877-8989