


Document ID: FM-0164	Revision: 5	Page: 1 of 1
Reference: WI-0182		
Medical Device Design & Color Checklist		

Company Name:	Quote #
Quote description:	
Item Type:	
<input type="checkbox"/> Pre-colored Compound	<input type="checkbox"/> Color Concentrate – Let down ratio: _____
Match Criteria:	
<input type="checkbox"/> Concept/Best Effort (+/- 1 PMS) – <i>No Charge</i>	<input type="checkbox"/> Critical ($\Delta E \leq 2$) - \$2,500.00
Customer pre-approval. Lead times and pricing subject to review.	
Color Target:	
<input type="checkbox"/> Pantone PMS#: _____	AND/OR <input type="checkbox"/> Other Color Standards: _____
<input type="checkbox"/> Customer Supplied Part/ Mating Part/ Pellets	<input type="checkbox"/> Reference Foster Item Code: _____
Opacity: <input type="checkbox"/> Opaque <input type="checkbox"/> Translucent Wall Thickness (mm or inches): _____	
Pigment Regulatory Considerations:	
<input type="checkbox"/> Food Contact: FDA 21 CFR 174-178	<input type="checkbox"/> ONLY Medical Device Grade: 21 CFR Part 73/74, Subpart D
<input type="checkbox"/> Both Medical Device/ Food Contact pigments acceptable (With this option, Foster will determine pigment type based on target color)	(Limited color choices available)
Fillers, Additives & Process:	
<input type="checkbox"/> Filler, Type _____ % _____	<input type="checkbox"/> Injection Molding
<input type="checkbox"/> Filler, Type _____ % _____	<input type="checkbox"/> Extrusion
<input type="checkbox"/> HLS™ <input type="checkbox"/> ProPell™	<input type="checkbox"/> Marking:
<input type="checkbox"/> Other _____ <input type="checkbox"/> NA	<input type="checkbox"/> Laser <input type="checkbox"/> Print <input type="checkbox"/> Unknown
Sterilization Method:	
<input type="checkbox"/> Steam <input type="checkbox"/> Ethylene Oxide (EtO) <input type="checkbox"/> Gamma <input type="checkbox"/> E-Beam <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	
Bonding Method:	
<input type="checkbox"/> Adhesives <input type="checkbox"/> Reflow <input type="checkbox"/> High Frequency Welding <input type="checkbox"/> Overmold/ Thermal Bond - material: _____	
<input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	
Comments:	
Completed by (IS/OS): _____ Date: _____	