

Filter Design Checklist



Download and use this checklist to help guide your discussion with Saint-Gobain Medical on your Filtration needs. If you are ready to collaborate on your next project or are unsure where to begin, please contact us.

GENERAL INFORMATION

Name & Title: _____ Timeline: _____

APPLICATION REQUIREMENTS

1. What is the end-use application and desired functionality of the filter? _____

2. What materials are being filtered?
 Liquid Gas Please provide details: _____
3. What are the application parameters?
 Flow rate: _____
 Operating Pressure: _____ Targeted Pressure Drop: _____
 Operating Temperature: _____
 Volume Filtered: _____
4. Desired Filter Lifetime: _____ Single-use Reusable
5. Patient contact? Yes No

FILTRATION REQUIREMENTS

6. Type of Filter needed: Disc Capsule Cartridge Custom _____
7. Material Considerations:
 Preferred Material: _____
 Pore Size: _____ Filtrate Size: _____
 Functional Requirements: Sterilizing Grade Other _____
8. Connection requirements:
 Inlet/Outlet Fittings: _____
 Other assembly considerations/connections: _____

REGULATORY / QUALITY REQUIREMENTS

9. Sterilization Method:
 Gamma EtO Autoclave Steam Not sterilized Other _____
10. Sterilization Frequency: _____
11. Regulatory requirements:
 ISO 7/8 Cleanroom Other _____
12. Required documentation: _____

