



Contract Testing Request Form

Date: Confidentiality Agreement Required Yes No
Name:
Company:
Phone Number: Area Code: State:
Email Address:

REASONS FOR TESTING

- Sample Characterisation
 Process Development / Problems
 Other:

INFORMATION WILL BE USED BY

- QA
 R&D
 Productions

PROCESS INFORMATION

If there is a problem, how does it manifest itself?

(Please provide basic process details before, during and after point of detection)

SAMPLE INFORMATION

Samples Name / ID:
No. of Samples:
Corrosive: Yes No Toxic: Yes No
pH:
Particle Size Distribution:
Concentration *(solids / polymer / ionic etc.)*:

Other:
Is an MSDS Sheet included for each different sample? Yes No
Special Disposal Requirements? Yes No
If Yes, Details:

Samples Name / ID:

Sample Handling / Storage: (eg. refrigeration, temperature, mixing, shelf life, air tight etc.)

Sample Preparation for Testing: (eg. pH, mixing, other additives, ingredients, temperature etc.)

Cleaning Requirements: (eg. solvent, detergent, water etc.)

CURRENT TESTING PROCEDURES:

Is there an existing test procedure available? Yes No

Is a copy of the test procedure attached? Yes No

Are test results for this product attached? Yes No

TESTING / RESULTS REQUIRED:

| |
|-------|
| |
| |
| |
| |
| |

DISSEMINATION OF RESULTS:

- | | |
|--|---|
| <input type="checkbox"/> Data Only | <input type="checkbox"/> Interpretation & Recommendations |
| <input type="checkbox"/> Data & Interpretation | <input type="checkbox"/> Other eg: Presentation |

COMMENTS:

| |
|-------|
| |
| |
| |
| |
| |

NOTE:

We will advise within 48 hours of receipt of this form if further information is required. Additionally, we will provide an overview of the work we would carry out including an estimate of the projected time scale and associated fee. Any costs associated with special sample disposal requirements will be paid and arranged by the client.

Customer Signature:

Request Submitted by:

We suggest you submit this form by fax 03 5367 6477