



# Sample Testing Request Form

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

## DATE REQUIRED BY

Urgent - 1 Week  Low Priority - 3 Weeks  
 High Priority - 2 Weeks  Other:

## REASONS FOR TESTING

Instrument Evaluation / Recommendation  
 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.):

Samples Name / ID:

Other:

Is an MSDS Sheet included for each different sample?  Yes  No

Special Disposal Requirements?  Yes  No

If Yes, Details:

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

### DISSEMINATION OF RESULTS:

- |   |   |
|---|---|
| <input type="checkbox"/> Data Only                          | <input type="checkbox"/> Interpretation & Recommendations |
| <input type="checkbox"/> Data & Interpretation              | <input type="checkbox"/> Other eg: Presentation           |
| <input type="checkbox"/> Report to Customer                 | <input type="checkbox"/> PDF of Report                    |
| <input type="checkbox"/> Report to State Distributor/Office | <input type="checkbox"/> Hard Copy of Report              |

### COMMENTS:

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### 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**