



## REQUEST FOR PARTICLE SIZE AND/OR MOISTURE CONTENT ANALYSIS SERVICES

IMPORTANT		
Date Results Requested:		
Time:		
Rush Charges Authorized?    Yes    No		

<b>REPORT RESULTS TO</b>	<b>Contact Name:</b>		<b>SEND INVOICE TO</b>	<b>P.O. # / Project #:</b>	
	<b>Company:</b>			<b>Contact Name:</b>	
	<b>Mailing Address:</b>			<b>Company:</b>	
	<b>City, State, Zip:</b>			<b>Address:</b>	
	<b>Telephone #:</b>	<b>Fax #:</b>		<b>City, State, Zip:</b>	
<b>E-mail:</b>		<b>Telephone #:</b>		<b>Fax #:</b>	

**Special Instructions (i.e. For Microtrac testing is another medium other than distilled water needed such as IPA or Methanol):**

**Analysis Requested** (Enter an "X" in the boxes below to indicate request.)

Lab ID# (PTI use only)	Client Sample Identification (IDs must be unique)	Date Sampled	Time Sampled	Microtrac X-100	Microtrac S3500	Coulter Multisizer Single Aperture Analysis	Coulter Multisizer Multi Aperture Analysis	Moisture Content Analysis	Ro-Tap Sieve Analysis	Gilson Sieve Analysis

<b>CHAIN OF CUSTODY</b>	<b>Collected by customer (Print):</b>	<b>Comments: If you would like to pay via credit card please write or type in credit card information in the P.O. # / Project # slot above.</b>
	<b>Collectors signature:</b>	