

REQUEST FOR PARTICLE SIZE AND/OR MOISTURE CONTENT ANALYSIS SERVICES

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IMPORTANT

Date Results Requested:

Time:

Rush Charges Authorized? Yes

No

	ontact Name:	ntact Name:				P.O. # / Project #:						
_ £	mpany:				Т0	Contact Name:						
RESULTS TO	iling Address:				SEND	Company:						
	ity, State, Zip:	/, State, Zip:				Address:						
Z Ä T	elephone #:	Fax #:				City, State, Zip:						
E-mail:						Telephone #: Fax #:						
Special Instructions (i.e. For Microtrac testing, is another medium other than						Analysis Requested (Enter an "X" in the boxes below to indicate request.)						
distilled water needed, such as IPA or Methanol):						Je .	Ē			Analysis		
Lab ID# (PTI use only)	Client Sample Identification (IDs must be unique)		Date Sampled	Time Sampled	Microtrac S-3500	Coulter Multisizer Single Aperture Analysis	Coulter Multisizer Multi Aperture Analysis	Moisture Content Analysis	Ro-Tap Sieve Analysis	Gilson Sieve Ana		
CHAIN OF	Collected by customer (Print):				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.							
	Collectors signature:											