



Invoice to:

Company Name: _____
 Contact Name: _____
 Address: _____
 City/Prov: _____
 Postal Code: _____ Phone: _____
 Email: _____
 PO#: _____

Turnaround Time:

- Regular (5-10 business days)
 - Rush (100% surcharge)
 - Rush (100% surcharge + overtime charges authorized*)
- *Contact lab in advance to authorize

Lab Use Only:

SRC Group # _____
 Client Code _____
 Date/Time Received _____
 Storage _____
 Received by: _____

Report to: Same as Invoice to?

Company Name: _____
 Contact Name: _____
 Address: _____
 City/Prov: _____
 Postal Code: _____ Phone: _____
 Email: _____
 Email: _____
 Email: _____
 Email: _____

Special Instructions/Notes:

ASTM Quality Package (Test 1-6) Please Specify ONE Dielectric.	1. Neutralization Number (ASTM D974)	OR	2. Dielectric Strength (ASTM D877)	3. Dielectric Strength (ASTM D1816)	3. Interfacial Tension (ASTM D971)	4. Moisture Content (ASTM D1533)	5. Colour and Visual (ASTM D1524)	6. Power Factor @ 25 °C (ASTM D024)	7. Power Factor @ 100 °C (ASTM D924)	8. DGA (ASTM D3612)	9. PCB Content (Modified ASTM D4059)	10. Furan (ASTM D5837)	11. Inhibitor Content (ASTM D2668)	12. Other Test (specify in Special Notes)

Sample Identification	Sent in		Type of Oil (Mineral, FR3, Si, R-Temp, etc.)	Date Sampled
	Bottle	Syringe		

I _____ hereby relinquish the above listed samples to SRC Analytical and authorize the above listed analysis as per the Standard Terms
 (Printed Name)
 and Conditions (available on SRC's website at www.src.sk.ca/eal-standard-terms-and-conditions) on the ____ day of _____, _____.
 (Day) (Month) (Year)

Relinquished by Signature _____