



PLEASE RETAIN THIS PORTION OF THE SLIP FOR RECORD OF SAMPLE

COMPLETE SAMPLE INFORMATION IS REQUIRED FOR
ACCURATE INTERPRETATION OF RESULTS

SAMPLE DATE: _____

SERIAL #: _____

MODEL #: _____

COMPONENT: _____

SITE LOCATION: _____

CUSTOMER CARE GROUP: 1.877.962.2400 TOLL FREE

TRACKING NUMBER



PLEASE INCLUDE SAMPLE CARD INFORMATION WITH YOUR SAMPLE

COMPANY: _____ ☐ NEW ACCOUNT
CONTACT: _____ ☐ NEW CONTACT

ADDRESS: _____

CITY: _____

PROV/STATE: _____ POSTAL/ZIP: _____

SITE LOCATION: _____

PHONE: _____

EMAIL: _____

☐ I WANT TO RECEIVE RESULTS

TRACKING NUMBER

LAB USE ONLY					
EQUIPMENT INFORMATION		LUBRICANT INFORMATION			
SAMPLE DATE: _____		OIL MANUFACTURER: _____			
CUSTOMER UNIT #: _____		OIL BRAND: _____ OIL GRADE: _____			
MANUFACTURER: _____		OIL CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
MODEL #: _____		SYSTEM CAPACITY: _____ L/GAL			
SERIAL #: _____		QUANTITY OF MAKEUP OIL: _____ L/GAL			
METER ON COMPONENT: _____ HRS KM M		DEALER INFORMATION			
METER ON OIL: _____ HRS KM M		BRANCH #: _____			
LAST REPAIRS / NOTES: _____		LOCATION: _____			
_____		EMPLOYEE: _____			
_____		EMAIL: _____			
_____		WORK ORDER #: _____ PO #: _____			
COMPONENT:		LOCATION:	FUEL:	POWER TYPE	COOLANT
<input type="checkbox"/> ENGINE	<input type="checkbox"/> TANDEM	<input type="checkbox"/> LEFT	<input type="checkbox"/> DIESEL	<input type="checkbox"/> STEAM	<input type="checkbox"/> GLYCOL
<input type="checkbox"/> TRANSMISSION	<input type="checkbox"/> SWING DEVICE	<input type="checkbox"/> RIGHT	<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> DOWTHERM
<input type="checkbox"/> HYDRAULIC	<input type="checkbox"/> TURBINE	<input type="checkbox"/> FRONT	<input type="checkbox"/> PROPANE	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> WATER
<input type="checkbox"/> HYDROSTATIC TRANS.	<input type="checkbox"/> COMPRESSOR	<input type="checkbox"/> REAR	<input type="checkbox"/> CNG	<input type="checkbox"/> FLUID	<input type="checkbox"/> AIR
<input type="checkbox"/> FINAL DRIVE	<input type="checkbox"/> BEARING	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:		<input type="checkbox"/> OTHER:
<input type="checkbox"/> DIFFERENTIAL	<input type="checkbox"/> PUMP				
<input type="checkbox"/> WHEEL MOTOR	<input type="checkbox"/> BRAKES				
<input type="checkbox"/> PLANETARY	<input type="checkbox"/> DEF				