

Request for Laboratory Service

Filtration/Separation Analysis and Technical Services

Date _____

Customer Shipping
Address _____

Requested by _____

Distributor _____

Customer _____

Customer Telephone _____

Sample Data (Note: a representative one gallon sample, secured in a Cubitainer, is required for general analysis)

Fluid Type _____

Date Taken _____

Where Taken In System _____

Note: A Material Safety Data Sheet (MSDS), DOT labeling and "return-to-customer" information must accompany each sample

Operating Conditions

System Capacity (gallons) _____

Viscosity _____ at _____ C or F

Temperature of Fluid _____

Flow Rate (gpm) _____

System Pressure (psi) _____

Maximum Pressure Drop (psid) _____

Existing Filter System (include brand, model number) _____

Description of Process or Problem (diagram helpful - use other side if necessary) _____

Test Indicators

Type of Contaminant _____

Type System Desired _____

Degree of Filtration Required _____

Action and Timing Required (purpose of request) _____

Justification for Service (must be completed) _____

TSM's Approval (must be completed)

Send Request with Sample to:
Manager, Technical Services
Parker Hannifin Corporation
Process Filtration Division
6640 Intech Boulevard
Indianapolis, IN 46278
Telephone 317-275-8390
Fax 317-275-8424



SE05





Fax

To: Centro, Inc.	From:
Fax: 901-357-1379	Pages:
Phone: 800-344-3286	Date:
Re:	CC:

Please fill out this specification form and fax to one of the three locations:

Memphis: 901-357-1379

Little Rock: 501-835-2277

Nashville: 615-255-2212