

Please fill in all information as completely as possible.



Lab Use Only
Sample No. _____
Date Received: _____
Chemist's Initials: _____

INTERCOOL
Analysis Request Form

A copy of this report will be sent to:

Company Name: _____ Date: _____

Address: Street: _____
City, State, ZIP: _____

Attention: _____ Phone: _____
Email: _____ Fax: _____

Copies of this report may be sent to other persons. Please complete the following:

Address: Street: _____
City, State, ZIP: _____

Attention: _____

Describe the Unit by completing the following

Who is your Interstate Chemical Sales Representative? _____

Has this system been tested before by Interstate Chemical Company? (circle) Yes / No
If Yes, Enter Last Analysis Report # _____

Please complete the following information on all samples.

	<u>Station / Location</u>	<u>Unit Name or ID #</u>	<u>System Volume</u>	<u>Desired Conc.</u>	<u>Coolant Trade Name</u>
#1	_____	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____
#4	_____	_____	_____	_____	_____
#5	_____	_____	_____	_____	_____
#6	_____	_____	_____	_____	_____

Mail to: Interstate Chemical Company, Incorporated
2797 Freedland Road
Hermitage, Pa. 16148-0600
Attention: Heat Transfer Fluid Laboratory