



For laboratory use only	
Submission Request No. (SRN)	
Test Request No. (TRN)	

## TESTING REQUEST FOR ADMIXTURE (CHEMICAL)

Account No. (if available) _____	Customer Test Request Ref. No. _____
(Please provide the following project information if account no. is not available)	(Please limited to 14 characters including insert "R" after the Customer Test Request Ref. No. if the sample submitted as re-test.)
Customer (Works Dept/Office) _____	Contract No. _____
Job Title _____	Job No. _____
Work/Site Location _____	

Method (Select appropriate box)	Test Description	PWLTM no.
<input type="checkbox"/> BS5075:Part 1: 1982 Appendix E	Determination of chloride content of admixture	CHM 1.1

### Sample details

PWLTM no.	Customer sample no.(s)	No. of sample(s)	Sample description	Sample size

Additional sample/testing information:

Note: <sup>(1)</sup> To be completed by a project inspectorate grade officer or above (or his delegate)

Sample(s) delivered by

Test(s) requested by <sup>(1)</sup>

Signature : \_\_\_\_\_  
Name : \_\_\_\_\_  
Post : \_\_\_\_\_  
Tel./Fax No. : \_\_\_\_\_ / \_\_\_\_\_  
Date : \_\_\_\_\_

Signature : \_\_\_\_\_  
Name : \_\_\_\_\_  
Post : \_\_\_\_\_  
Tel./Fax No. : \_\_\_\_\_ / \_\_\_\_\_  
Date : \_\_\_\_\_

Fill in the box below the name, mailing and e-mail address to which the test report(s) should be sent or else mark ☐ "To be collected" if the customer requests to collect the report(s) from the laboratory in person.

Fax No.:		