



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

TESTING REQUEST FOR AGGREGATES (CHEMICAL)

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

Method (Select appropriate box)	Test Description	PWLTM no.
<input type="checkbox"/> CS3:2013, Section 21.3	Determination of water-soluble chloride content of aggregates	CHM 2.6
<input type="checkbox"/> CS3:2013, Section 21.5	Determination of acid-soluble sulphate content of aggregates	CHM 2.7
<input type="checkbox"/> CS3:2013, Section 21.6	Determination of total sulphur content of aggregates	CHM 2.8
<input type="checkbox"/> CS3:2013, Section 21.7	Determination of presence of humus	CHM 2.9

Sample details

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

Additional sample/testing information:

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

Sample(s) delivery by

Test(s) requested by ⁽¹⁾

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.:		