



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

TESTING REQUEST FOR GROUND GRANULATED BLAST FURNACE SLAG (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 character 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"/> BS EN 15167-1: 2006 (Annex A)	Determination of moisture content of ground granulated blast furnace slag	CHM 11.4
<input type="checkbox"/> BS EN 196-2: 2005, Cl. 14	Determination of chloride content of ground granulated blast furnace slag	CHM 11.5
<input type="checkbox"/> BS EN 196-2: 2005, Cl. 8	Determination of sulphate content of ground granulated blast furnace slag	CHM 11.6
<input type="checkbox"/> BS EN 196-2: 2005, Cl. 7	Determination of loss-on-ignition of ground granulated blast furnace slag	CHM 11.7
<input type="checkbox"/> BS EN 196-2: 2005, Cl. 13.13	Determination of magnesium oxide content of ground granulated blast furnace slag	CHM 11.8
<input type="checkbox"/> BS EN 196-2: 2005, Cl. 11	Determination of sulphide content of ground granulated blast furnace slag	CHM 11.9
<input type="checkbox"/> BS EN 196-2: 2005, Cl. 17 / BS EN 196-2: 2013, Cl. 4.5.19	Determination of total alkali content of ground granulated blast furnace slag	CHM 11.10

Sample details

PWLTM no.	Customer sample no.(s)	No. of sample(s)	Brand name	Origin	Source of material(s) / Manufacturer(s)

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.:		