



For laboratory use only	
Collection Request No. (CRN)	
Test Request No. (TRN)	

**TESTING REQUEST FOR OTHER CONSTRUCTION MATERIAL SAMPLES**  
(Except steel reinforcement bar)

Account No. (if available) _____	Customer Test Request Ref. No. _____
(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 _____	



Please test the accompanying samples of \_\_\_\_\_ for  
\_\_\_\_\_ tests(s) in accordance with.  BS/  GS\* \_\_\_\_\_  
\_\_\_\_\_ of the year \_\_\_\_\_  with corrigendum / amendment \_\_\_\_\_.

Customer Sample Ref. No.	Sample description	Original product size <sup>(3)</sup> (mm)	Grade of sample	Number of specimen	Manufacturer	Remarks

- Note:- <sup>(1)</sup> To be completed by a project works supervisor grade officer or above.  
<sup>(2)</sup> To be completed by a project inspectorate grade officer or above (or his delegate).  
<sup>(3)</sup> The maximum size of concrete pipe that the laboratory can be tested shall be 900 mm and 3 m in diameter and length respectively.  
<sup>(4)</sup> Test services for the determination of tensile splitting strength of concrete cylinder to CS1:1990 will not be provided after 30 June 2020.  
\* Delete as inappropriate.

Sample(s) delivery supervised/handed over\* by<sup>(1)</sup>

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

Test(s) requested by<sup>(2)</sup>

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.

<input type="checkbox"/> Preliminary results Fax No. <input type="text"/>	
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