

GCL CHAIN OF CUSTODY & TEST REQUEST

CLIENT	
Company:	
Address:	
City, State, Zip:	
Contact:	E-mail:
Phone:	Fax:

PROJECT	
Project Name:	
Address:	Client Project #:
City, State, Zip:	
On-site Contact:	E-mail:
Phone:	Fax:

INVOICE (complete if different from client)	
Company:	
Address:	
City, State, Zip:	
Contact:	E-mail:
Phone:	Fax:

GENERAL	
Purchase Order #:	GTX Sales Order #:
Shipped By:	Date Shipped:
Mode of Shipment:	Requested Turnaround:
Send Results To:	<input type="checkbox"/> CLIENT OFFICE <input type="checkbox"/> PROJECT OFFICE
Send Results Via:	<input type="checkbox"/> E-MAIL <input type="checkbox"/> FAX <input type="checkbox"/> VERBAL <input type="checkbox"/> HARD COPY

GCL													
Product Description (product name, manufacturer, etc.):													
Sample ID	Fluid Loss (ASTM D 5891)	Grab Tensile Strength (ASTM D 4632)	Index Flux / Permeability (ASTM D 5887 / D 5084 or GRI GCL2)	Internal Shear (ASTM D 6243/D 5321) *see below	Mass Per Unit Area (ASTM D 5993)	Moisture Content (ASTM D 4643)	Peel Strength (ASTM D 6496 / D 4632 mod)	Swell Index (ASTM D 5890)	Tensile Strength (ASTM D 6768)	Other:	Other:	Other:	Other:
1													
2													
3													
4													
5													
6													
7													
8													
Remarks:													

***Internal Shear Instructions** (for Interface Shear, please use Interface Shear Test Request Form)

Test Normal Load(s) Typically at least 3	Point 1	Point 2	Point 3	Point 4	Point 5

Normal Load Units (select one)	<input type="checkbox"/> lbs/ft ² (psf)	<input type="checkbox"/> lbs/in ² (psi)	<input type="checkbox"/> kPa	<input type="checkbox"/> Other:
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Shear Rate (select one)	<input type="checkbox"/> 0.04 in/min (1 mm/min)	<input type="checkbox"/> Other:
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Hydration/Consolidation Instructions:

AUTHORIZE BY SIGNING AND DATING:

SIGNATURE: _____ PRINT NAME: _____ DATE: _____

Relinquished By:	DATE:	Received By:	DATE:
	TIME:		TIME:
Relinquished By:	DATE:	Received By:	DATE:
	TIME:		TIME: