

## GCL CHAIN OF CUSTODY & TEST REQUEST

CLIENT				INVOICE (complete if different from Client)			
Company:				Company:			
Address:				Address:			
City, State, Zip:				City, State, Zip:			
Contact:		Phone:		Contact:		Phone:	
E-mail:		Cell:		E-mail:		Cell:	
PROJECT							
Project Name:				Client Project #:		Purchase Order#:	
Project Location:				GTX Sales Order #:		Requested Turnaround:	
On-site Contact:				E-mail:		Phone:	

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)	Mass Per Unit Area (ASTM D 5993)	Moisture Content (ASTM D 4643)	Peel Strength (ASTM D 6469 / D 4632 Mod)	Swell Index (ASTM D 5890)	Tensile Strength (ASTM D 6766)	Permeability with Incomplete Liquid (ASTM D 6766)	Other:     	Other:     		

*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 (7 \ YW one)	lbs/ft <sup>2</sup> (psf)	lbs/in <sup>2</sup> (psf)	kPa	Other:	
Shear Rate (7 \ YW one)	0.04 in/min (1 mm/min)		Other:		

Hydration/Consolidation Instructions:

AUTHORIZE BY SIGNING AND DATING:		
SIGNATURE: _____	PRINT NAME: _____	DATE: _____

Relinquished by:	Date:	Time:	Received by:	Date:	Time:
Relinquished by:	Date:	Time:	Received by:	Date:	Time: