DESTRUCTIVE SEAM 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:

GEOMEMBRANE SEAMS		Weld Type	Resin Type	Top Panel #	Bottom Panel #	Machine ID	Welder ID	Date Sampled
Product Description (Product name, manufacturer, etc.)	**Sample ID**							

Please Specify Test Method	☐ ASTM D 6392	☐ ASTM D 413	☐ ASTM D 751	☐ ASTM D 7408*
*Please Specify Product Type	☐ HDPE	☐ LLDPE	☐ Other:	

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:

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