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:**

This work will be performed under our Standard Terms and Conditions unless we have executed a separate written contract with someone for this work.
Our Standard Terms and Conditions can be provided upon request.

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