

Lab Request Form

1382 Stealth Street Livermore, CA 94551

800-833-1258 / 925-461-7149 (fax)

for Chemical Challenge Testing of Respirator Cartridges, Canisters, and custservice@assaytech.com Filters

Dassaytech.com www.assaytech.com

	Send Lab F	Report To:	Send Invoice to (if different):							
Purchase Order No	Name			Name						
								Service Level Requested		
Authorized By	E-Mail			E-Mail				[] Standard Tests, 10-15 working days		
	Organization			Organization				[] Custom Tests, 20+ working days		
Client Contact Info								i 1 odok	711 1 COLO, 20 · WO	nung dayo
Tel	Address			Address				[] Rush, 5 working days*		
								,	Surcharge)	
Fax	City, State, ZIP			City, State, ZIP				*Please contact for rush availability and turn around time		
(0)	(b)	(2)	(4)	(2)	(f)	(~)	/ b \			(1,)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(1)	(j)	(k)
Description of Test Article	No. of Articles to be Tested	Pre-Conditioning?	(ΔP) Inhalation Resistance Test	Challenge Agent		Test Parame		eters	Ihrough	Maximum
				Chemical Name	Conc'n	Flow Rate	Temp	RH	Conc'n	Test Time
		%RH/Flow/Temp/Time or	Flow Rate (LPM)		[] ppm				[] ppm	
(Make, Model No., etc.)		N/A	or N/A		[] mg/M3	(L/min)	(℃)	(%)	[] mg/M3	(min)
	+							+		
	+							1		
	+							1	<u> </u>	
	+							 		
				Additional Instructions a	and Notes:					
(a) Description associated with test data in lab										
(b) Number of replicate articles to be tested under these conditions. (c) Whether pre-conditioning is desired, and, if so, the %RH, flow rate, temp, time for pre-conditioning.										
(d) Whether inhalation resistance (pressure drop; Δp) test is desired, and, if so, the flow rate for the test.										
(e) Name of chemical to be used as challenge agent.										
(f) Concentration of challenge agent for this tes										
(g) Flow rate (L/min) at which the test is to be c (h) Temperature at which the test is to be cond										
(i) %RH at which the test is to be conducted.										
(j) Effluent concentration at which the time is re										