Lab Request Form

for Chemical Challenge Testing of Respirator Cartridges, Canisters, and Filters

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	Send Lab 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
Client Contact Info	Organization	Organization	[ ] Custom Tests, 20+ working days
Tel	Address	Address	[ ] Rush, variable*
Fax	City, State, ZIP	City, State, ZIP	*Please contact us for rush availability and surcharge.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(I)	(j)	(k)
Description of Test Article	**No. of Articles to be Tested**	**Pre-Conditioning?**	**(ΔP) Inhalation Resistance Test**	**Challenge Agent**		**Test Parameters**			**Break-Through Conc'n**	**Maximum Test Time**
				Chemical Name	**Conc'n**	**Flow Rate**	**Temp**	**RH**		
(Make, Model No., etc.)		%RH/Flow/Temp/Time or N/A	Flow Rate (LPM) or N/A		[ ] ppm [ ] mg/M3	(L/min)	(ºC)	(%)	[ ] ppm [ ] mg/M3	(min)

(a) Description associated with test data in lab report and permanent record
(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 test.
(g) Flow rate (L/min) at which the test is to be conducted.
(h) Temperature at which the test is to be conducted.
(i) %RH at which the test is to be conducted.
(j) Effluent concentration at which the time is recorded and test stopped.
(k) Std test charge allows up to 180 min of testing. Extra fee ($75/hr) assessed for testing past 180 min.

Additional Instructions and Notes: