



## Request for Laboratory Services

TSP #

Date:

Requested By:

Distributor:

Centro

Customer name and address:

Seeco

**Sample Data** (Note: a representative one gallon sample, secured in a proper container with MSDS, is required for analysis)

**Fluid Type:**

**Note: A MSDS, DOT labeling and "return to customer" information must accompany each sample**

**Type of tests requested (fill, check or cross all that apply):**

- |                                                         |                                                  |                                             |
|---------------------------------------------------------|--------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Basis Weight                   | <input type="checkbox"/> Scanning Electron (SEM) | <input type="checkbox"/> TDS                |
| <input type="checkbox"/> Cartridge Autopsy              | <input type="checkbox"/> Soak Test (explain)     | <input type="checkbox"/> Porometry Analysis |
| <input type="checkbox"/> Cartridge Life and Efficiency  | <input type="checkbox"/> Thickness               | <input type="checkbox"/> Filter Ability     |
| <input type="checkbox"/> Frazier                        | <input type="checkbox"/> Turbidity               | <input type="checkbox"/> Flux               |
| <input type="checkbox"/> Oil Analysis                   | <input type="checkbox"/> Integrity Testing       | <input type="checkbox"/> Other (describe)   |
| <input type="checkbox"/> Initial Efficiency             | <input type="checkbox"/> ICP                     |                                             |
| <input type="checkbox"/> Particle Size and Distribution | <input type="checkbox"/> TSS                     |                                             |

**System Sizing (if desired):**

Degree of filtration required:

System Pressure:

System Capacity:

Viscosity:

Batch Size:

Desired Flow Rate:

Temperature:

Maximum pressure drop (psid):

Filter Media Bag or Cartridge:

**Territory Manager's Approval (must be completed):**

Jeff McFarland

**E-mail address or location where final report should be sent:**

Send request, MSDS and Sample to:

**Lab Manager**

**Parker Hannifin  
Process Advanced Filtration Division  
2340 Eastman Ave.  
Oxnard, CA 93030**

Telephone: (805) 604-3400

Fax: (805) 604-3559 e-Mail: Michael.Ni@Parker.com

**Special Instructions:**

**Please Note here if you need a final report OR if the data is sufficient, thank you!**



# Fax

<b>To:</b> Centro, Inc.	<b>From:</b>
<b>Fax:</b> 901-357-1379	<b>Pages:</b>
<b>Phone:</b> 800-344-3286	<b>Date:</b>
<b>Re:</b>	<b>CC:</b>

Please fill out this specification form and fax to one of the three locations:

Memphis: 901-357-1379

Little Rock: 501-835-2277

Nashville: 615-255-2212