

KOSTCare ANALYTICAL REQUEST FORM

Sample Submission Directions and Information

In order for us to quickly identify your sample and complete the testing procedure properly please complete all of the information on the back side of this document.

- 1. Fill out form for each set of samples, page 2 is provided for additional units.
- 2. Be sure that sample identification (your product description) is the same on both the Analytical Request Form and the label on the Sample Bottle.
- 3. Additional tests may be needed for specific circumstances, please contact your sales representative for additional information.
- 4. Make a copy of your analysis form and keep that copy, mail the original to us with your sample(s).
- 5. To ensure safe delivery of your sample, please close the bottle tightly and seal with two turns of tape (electrical tape is the best). Pack the bottle in a box and mail to:

KOSTCare[™] Analytical Lab 1000 Tennessee Ave Cincinnati, OH 45229

If you need additional supplies (forms, bottles or labels) please call KOST USA Customer Service at (800) 661-9391.

NOTE: IT IS AGAINST US POSTAL REGULATIONS TO SEND GLYCOL OR ANTIFREEZE VIA U.S. MAIL. YOU SHIP AT YOUR OWN RISK. KOST USA RECOMMENDS ALTERNATE SHIPPING SERVICES FOR YOUR SAMPLE SHIPMENTS. IT IS ALWAYS BEST TO ENCLOSE AN MSDS WITH YOUR SAMPLE.

KØSTCARE

ANALYTICAL REQUEST FORM

Complete this form for sample submitted. Return form with sample. Samples need to be sent in a properly labeled bottle. Ship to: KOSTCare Analytical Lab, 1000 Tennessee Ave, Cincinnati, OH 45229

FLUID END USER:	DATE:						
KOST CUSTOMER:	EMAIL:						
FLUID PURCH FROM:							
KOST SALES REP:							
PRODUCT NAME:							
YOUR UNIT ID:							
CHECK ONE IF KNOWN ETHYLENE GLYCOL BASED PROPYLENE GLYCOL BASED GLYCOL TYPE UNKNOWN TEST REQUESTED (COMPLETE ONE)							
ANTIFREEZE / HEAT TRANSFER FLUID (11396) DESIRED GLYCOL %							
GAS DEHYDRATION (11395) UNINHIBITED TEG SAMPLES PROCESSED AS LEAN AND RICH PAIRS							
FRI-	FIRE RESISTANT HYDRAULIC (11393)						

WHAT, IF ANY, PROBLEMS ARE YOU EXPERIENCING? (ATTACH ADDITIONAL PAGES IF NECESSARY)

KOSTCARE USE ONLY RECEIVED BY: _____ DATE: _____

QC LAB 2022-09-20

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TESTING - FILL IN ONE SECTION

				GAS	FIRE RESISTANT
UNIT ID	PRODUCT NAME	GLYCOL	DESIRED GLYCOL %	ТҮРЕ	ТҮРЕ
		ETHYLENE, PROPYLENE, UNKNOWN		UNINHIBITED TEG, KOSTHERM HD	ACHIEVAL FRH 200, COMPETITIVE
					5022
					C_AB 12
					KOST Q