

ANTIFREEZE SAMPLE SUBMISSION FORM

Kit Number: _____

Stop here if the sample submission form was completed online.

JOB INFORMATION

Sampled by: _____ Cell: _____ Email: _____

Job Name: _____

Building Address: _____

Total # of Samples to be Tested in this Job: _____ Box _____ of _____
e.g. 1 of 1

SAMPLE INFORMATION

Sample # 1 Name: _____ _____	System Size _____ Gallons	Product Manufacturer _____ Model _____ Lot _____ Purchase Date _____	Sample Point Top ☐ Bottom ☐ Most Remote ☐ Water Supply ☐ Other ☐	Optional Tests Additional Fees Apply Listed Verification ☐
Sample # 2 Name: ☐ Same as Above _____	System Size ☐ Same as Above _____ Gallons	Product ☐ Same as Above Manufacturer _____ Model _____ Lot _____ Purchase Date _____	Sample Point Top ☐ Bottom ☐ Most Remote ☐ Water Supply ☐ Other ☐	Optional Tests Additional Fees Apply Listed Verification ☐
Sample # 3 Name: ☐ Same as Above _____	System Size ☐ Same as Above _____ Gallons	Product ☐ Same as Above Manufacturer _____ Model _____ Lot _____ Purchase Date _____	Sample Point Top ☐ Bottom ☐ Most Remote ☐ Water Supply ☐ Other ☐	Optional Tests Additional Fees Apply Listed Verification ☐
Sample # 4 Name: ☐ Same as Above _____	System Size ☐ Same as Above _____ Gallons	Product ☐ Same as Above Manufacturer _____ Model _____ Lot _____ Purchase Date _____	Sample Point Top ☐ Bottom ☐ Most Remote ☐ Water Supply ☐ Other ☐	Optional Tests Additional Fees Apply Listed Verification ☐

SEND RESULTS TO

Turnaround Time: ☐ Standard ☐ Rush

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

☐ Mail a physical system tag if job passes

SEND BILL TO

☐ Same as Shipping

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

METHOD OF PAYMENT

Purchase Order: _____

Email Invoice To: _____

☐ Will pay via credit card link on invoice



FIRE PROTECTION LABS

DYNE™