

## PERFORMANCE TESTING REQUEST FORM

### CUSTOMER INFORMATION

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Country: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Purchase Order Number: \_\_\_\_\_

### ANALYSIS DETAILS

**Results Required:**

☐ Standard

☐ Urgent (100% surcharge applies)

**Sample Storage Conditions:**

☐ Ambient

☐ 5°C

☐ < -15°C

**Sample Hazardous:**

☐ Yes

☐ No

**Laundry Test:**

☐ Top Loader

☐ Front Loader

**Temperature:**

☐ 20°C

☐ 40°C

**Auto Dishwash Test:**

☐ **Regular:** Cycle Type: ☐ Normal (55°C) ☐ Quick (40°C) ☐ ECO (48°C) ☐ Intensive (75°C)

☐ **Dish Drawers:** Cycle Type: ☐ Heavy (65°C) ☐ Medium (50°C) ☐ ECO (43°C) ☐ Fast (50°C) ☐ Delicate (50°C)

Other Tests: Description/Comments/etc.:

Sample Description	Sample ID No.	Test Requested	Dosage	Specific Gravity	Analysis No. (d-labs Use Only)

\* For further samples please see overleaf.

Requestor Name: \_\_\_\_\_ Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

