



CUSTOMER: _____

UNIT NO: _____

COMPONENT: _____

LOCATION: _____

SAMPLE DATE: _____

PLEASE RETAIN THIS PORTION OF THE SLIP FOR RECORD OF SAMPLE

1 (877) 962.2400

www.fluidlife.com

UK #18 NUMBER

SAMPLE DATE: _____

COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____

PHONE:

FAX:

EMAIL: _____

PLEASE INCLUDE SAMPLE CARD INFORMATION WITH YOUR SAMPLE

UK #18 NUMBER

LAB USE ONLY

EQUIPMENT DATA:

UNIT NUMBER: _____

SAMPLE LOCATION: _____

MAKE: _____

MODEL NUMBER: _____

SERIAL NUMBER: _____

COMPONENT NUMBERS: _____

COOLANT DATA:

COOLANT TYPE: ETHYLENE PROPYLENE

COOLANT HOURS: _____

COOLANT BRAND: _____

.....#\V†-Vu@V° O O.A.T.* HYBRID

SUPPLEMENTARY ADDITIVES: YES NO

WAS COOLANT CHANGED: YES NO

*O.A.T. ORGANIC ACID TECHNOLOGY

COMMENTS:

COMPLETE SAMPLE INFORMATION IS REQUIRED FOR ACCURATE INTERPRETATION OF RESULTS