Triton Analytics Corporation

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Analytical Request Form

From: _____

Address: _____

City, State ZIP: _____ **Phone:** _____

Email results to: _____

_____

Purchase Order or Work Order Number:_____

Analysis Requested: **Date:** _____/ _____/ _____

GC and GC/MS		**Physical Properties**	
☐	**DHA**	☐	**Density/API Gravity**
☐	**HTSD or HTSD CN** (please circle one)	☐	**Viscosity @ Temp:** _____
☐	**NOISE**	☐	**Total Acid Number (TAN)**
☐	**VAPOR**	☐	**Elemental (please circle H C O N S)**
☐	**Other (please specify)**		_____

Number of Samples: _____

Sample ID's: