



Test Sample Description

Date: _____

Customer Information

Company Name: _____

Contact Name: _____ Phone: _____

Address: _____

_____ Fax: _____

Brief description of material being tested: _____

Process Flow Rate _____ GPM

Operating Temp. in Process _____ °C

Liquid Chemical Composition: _____

TDS*: _____ %w/w pH: _____

Conductivity: _____ oS

Suspended Solids Composition: _____

TSS**: _____ %w/w

ParticleSp. Gv: _____

Particle Size Distribution: _____

Process Objectives

Wastewater Treatment -

Desired Clean Water (Filtrate) Recovery: _____ %

Quality Limits- TSS: _____ ppm TDS: _____ ppm

Turbidity: _____ NTU Color Reduction: _____ %

Solid Product Recovery- Desired% Solids: _____ %w/w

Other: _____

Process Description: _____

Process Goals: _____

*TDS: Total Dissolved Solids

**Total Suspended Solids

V
G
S
E
P

V
G
S
E
P

Material Description

MSDS: Follows Included with Sample
 Have you included a chemical analysis?: yes no
 Health Hazard: yes no Environmental Hazard: yes no

Does your material include any of the following chemicals? (Check all that apply)

- Antifoams (Specify _____)
- Biocides (Specify _____)
- Chlorides (Specify concentration _____)
- Peroxide (Specify concentration _____)
- Solvents (Specify types _____)
- Polymers or Flocculating Agents

Special Rheological Behavior

Gel Point% Solids: _____%w/w
 Any special rheological behavior that we should be aware of for testing:

Handling

Heating allowed	yes	no	(Max Temp: _____°C)
Freezing allowed	yes	no	
Needs refrigeration	yes	no	
Keep from light	yes	no	(Photo sensitive)
Septic	yes	no	(Biologically active)
pH Sensitive	yes	no	(Allowable pH range: _____)
Corrosive	yes	no	

(Compatible Materials: _____)

Cleaning Procedure

Appropriate procedure to clean stainless steel and Teflon parts which contact the process fluid: _____



NEW LOGIC RESEARCH

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Shipping Information

Unless alternative arrangements are made in advance, it is New Logic's policy to return all samples to the customer upon completion of all bench testing. To facilitate this process, please fill out the following information.

Return address for samples: _____

Contact: _____

Preferred shipping method (e.g., UPS, Freight Delivery Service, etc.):

Customer's Shipping Account Number: _____

Internal Authorization Number (if applicable): _____

Special Handling Procedures: _____

Miscellaneous

Please Provide any additional information in the space below which would allow us to better understand your potential application (e.g., brief sketch of the process, data tables, etc.)

V

G

S

E

P