



Test Request

Client	Project	
Date Required	Time Required	
Lot No	Sample Location	
Material Source	Test Type	Compliance / Control
Material Type	Specification	
Contact Details		
Requested by	Phone No.	
Fax No.	Email	
Address		
Results by	Preferred Format	Email / Fax / Hard Copy

Test Required				
Test Method	Number of Tests	Test Depth (mm)	Sample No.	Completed

Test Location		
Test No.	Chainage	Offsets

Remarks			
Additional information on test report			
Test Request Reviewed By		Date	