

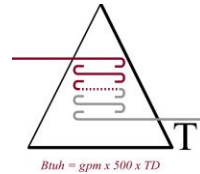
THERMAL FLUID TECHNOLOGIES Inc.

Rock Hill, South Carolina 29730

PH: (803) 324-7150

FX: (803) 324-7149

www.protocolhfts.com



Analysis Request Form

Sample submitted by: _____ Date: ____ / ____ / ____

Sample owner: _____

Sample owners address: _____

Telephone Number: _____ email: _____

Complete the following section

- Unit Identification (ID Number): _____
- Type of system: (HVAC, NG Dehydrator, etc.): _____
- Type of glycol to be analyzed? (EG / PG / TEG): _____
- Desired concentration (50%, 30% etc.): _____
- Trade Name of the fluid (if known): _____
- Approximate System Volume: _____
- Have we tested the fluid previously (Y / N) Analysis # _____ Date tested: ____ / ____ / ____

Please provide any additional information below:

Note:

1. **Please complete one form for each sample submitted. Send the form along with the sample(s)**
2. **Email a copy of the completed form(s) to sales@protocolhfts.com before mailing the sample(s) to the lab.**

Thermal Fluid Laboratories
305 Nebraska Avenue
South Houston, TX 77587

NOTE: This is an official document of Thermal Fluid Technologies Inc. Any alternation in any form is strictly prohibited. Submission of your sample(s) to the laboratory must be accompanied by this document and this document must be completed in its entirety. Failure to comply with these instructions could result in our refusal to process your sample submission for analytical testing.