

SAMPLE IDENTIFICATION CARD

CARD NUMBER

TL-0101 (REV. 10/97)

C

<input type="checkbox"/> PRELIMINARY TESTS	SAMPLE SENT TO:	FIELD NO.
<input type="checkbox"/> PROCESS TESTS		DIST. LAB NO.
<input type="checkbox"/> ACCEPTANCE TESTS		LOT NO.
INDEPENDENT ASSURANCE TESTS	<input type="checkbox"/> HDQTRS. LAB	SHIPMENT NO.
<input type="checkbox"/> DIST. LAB	<input type="checkbox"/> BRANCH LAB	
<input type="checkbox"/> TRANS. LAB	<input type="checkbox"/> DIST. LAB	P.O. OR REQ. NO.
<input type="checkbox"/> SPECIAL TESTS	AUTHORIZATION NO.	

SAMPLE OF _____
FOR USE IN _____

SAMPLE FROM _____

DEPTH _____

LOCATION OF SOURCE _____

THIS SAMPLE IS SHIPPED IN (NO. CONTAINERS)	AND IS ONE OF A GROUP OF	SAMPLES REPRESENTING (TONS, GALS, BBL'S, STA, ETC.)
OWNER OR MANUFACTURER		

TOTAL QUANTITY AVAILABLE	TEST RESULTS DESIRED <input type="checkbox"/> NORMAL <input type="checkbox"/> PRIORITY	DATE NEEDED
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REMARKS _____

COVER ADDITIONAL INFORMATION WITH LETTER

DATE SAMPLED _____

BY _____ TITLE _____

DIST, CO, RTE, PM _____

LIMITS _____

CONT. NO. _____

FED. NO. _____

RES. ENGR. OR SUPT. _____

ADDRESS _____

CONTRACTOR _____

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