

## GCL CHAIN OF CUSTODY & TEST REQUEST

CLIENT		INVOICE (complete if different from Client)	
Company:		Company:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Contact:	Phone:	Contact:	Phone:
E-mail:	Cell:	E-mail:	Cell:
PROJECT			
Project Name:		Client Project #:	Purchase Order#:
Project Location:		GTX Sales Order #:	Requested Turnaround:
On-site Contact:		E-mail:	Phone:

GCL		Fluid Loss (ASTM D 5891)	Grab Tensile Strength (ASTM D 4632)	Index Flux/ Permeability (ASTM D 5887 / D 5084 or GRI GCL2)	Internal Shear* (ASTM D 6243/D 5321)	Mass Per Unit Area (ASTM D 5993)	Moisture Content (ASTM D 4643)	Peel Strength (ASTM D 6456 / D 4632 Mod)	Swell Index (ASTM D 5890)	Tensile Strength (ASTM D 6766)	Permeability with Incomplete Liquid (ASTM D 6766)	Other:     	Other:     
Product Description (Product name, manufacturer, etc.)	Sample ID												

*Internal Shear Instructions (For Interface Shear, Please use Interface Shear Test Request Form)					
Test Normal Load(s) Typically at least 3	Point 1	Point 2	Point 3	Point 4	Point 5
Normal Load Units (7 \ YW one)	lbs/ft <sup>2</sup> (psf)	lbs/in <sup>2</sup> (psf)	kPa	Other:	
Shear Rate (7 \ YW one)	0.04 in/min (1 mm/min)		Other:		

Hydration/Consolidation Instructions:

**AUTHORIZE BY SIGNING AND DATING:**  
  
 SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Relinquished by:	Date:	Received by:	Date:
	Time:		Time:
Relinquished by:	Date:	Received by:	Date:
	Time:		Time: