

## Hangsterfer's Laboratory Work Request Form (LWRF)

Please include this form with your shipment and use 8-ounce, sanitary bottles for sample retrieval.  
*SHIPPING ADDRESS:* ATTN: LAB (SAMPLE) - HANGSTERFER'S - 175 OGDEN ROAD - MANTUA, NJ 08051

Regional Manager:	Lab Report #: <i>(internal use)</i>
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*Account Information*

Name:	Contact:
Telephone #:	Fax #:
Address:	City, State, Zip:
E-mail Address:	Web Address:

*Distributor Information*

Distributor:	Distributor Contact:
Distributor Phone:	Distributor Email:

*Sample Information*

Date of Sampling:	Type of Product:	4. Competitor Product: <i>(Provide details &amp; MSDS)</i>
Product Name:	1. Water-soluble coolant	
Lot Number:	2. Straight Cutting Oil	
Length of Use:	3. Water	

How many machines use the product sampled?	How many are experiencing the same symptoms?
Way/Hydraulic Oils Used:	Tramp Oil Removal Device:

*Water Soluble Coolants*

Coolant Concentration:	On-Site %:	Target %:	Make-up %:
Hand Mix or Proportionator Type:			

*Machine Information:*

Machine Mfg/Model:	Sump Capacity / Pressure:	Machine ID:
Materials Machined:	Applications:	

*Additional Information:*
