

Please make a copy of this form for your records.



Test Kit Part#: **GA-001 SP**
Test Kit Description: Oil Analysis Test Kit
Shipping Paid
This kit does not include filter analysis

DATE STAMP
(LAB USE ONLY)

SAMPLE NUMBER
(LAB USE ONLY)

Toll Free: 800-256-6876

CUSTOMER INFORMATION

New Owner New Address
Company or Name _____
Address _____
City _____ State _____ Zip _____
Contact Name _____
Telephone _____ Cell _____
Fax Number _____
Email Address _____

DON'T FORGET TO RECORD YOUR TRACKING NUMBER!

Ship to: Aviation Laboratories
910 Maria Street, Kenner, LA 70062
504-469-6751 Fax 504-469-6886
Email: lab@avlab.com

Download and print your results online.
www.avlab.com

IMPORTANT: PLEASE PROVIDE YOUR EMAIL ADDRESS. We will notify you by email when your results are online.

AIRCRAFT/SAMPLE INFORMATION (All information is required for proper analysis results interpretation)

Engine/Component S/N _____ Make/Model _____ Position: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear Hours _____ <input type="checkbox"/> Since New <input type="checkbox"/> SMOH Hours since last: sample _____ oil change _____ Hours on Oil Filter _____ Oil used since last sample _____ Qts. Oil in use: Brand _____ Type _____	Sample Date: _____ / _____ / _____ Month Day Year SAMPLE REASON <input type="checkbox"/> Normal <input type="checkbox"/> Special Lab Request <input type="checkbox"/> Special Cust. Request CYLINDER TYPE <input type="checkbox"/> Steel <input type="checkbox"/> Nickel <input type="checkbox"/> Chrome <input type="checkbox"/> Mixed	RETURN OIL FILTER? <input type="checkbox"/> Yes <input type="checkbox"/> No IMPORTANT NOTE Please provide payment of \$9.95 for the return of each oil filter via ground shipping Payment Methods: check, PO# or credit card# Card/PO# _____ Card Type _____ Exp _____ Charge Amt _____ OR Provide Us With Your Shipper (Circle One) UPS or FedEx Account# _____
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Oil Additive in use _____
Has engine been inactive? Yes No How Long? _____
Aircraft/Equipment Type _____ S/N _____ Time _____ Tail # _____

Describe maintenance/operational problems since last sample

FBO/Maintenance Facility _____
Contact _____ Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____ Email _____

Filter Wt. **FOR LABORATORY USE ONLY**

	ST ST	CB ST	AL ST	M50	CU	AG	MG	AL	GRIT	MISC
Amt.										
Type										
Form										

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