



REPORT RESULTS TO:

Primary Contact:
 Client Company:
 Project Name:
 Project Number:
 Client P.O. #:
 Client Mailing Address:
 Client City, State, Zip:
 Check if Reporting and Invoicing are not to the same party

Primary Contact's E-mail:
 Primary Contact's Phone:
 Also Report Results to:
 1 Name: E-mail:
 2 Name: E-mail:
 3 Name: E-mail:
 Sender and Shipping Date:
 Tracking Information:

Shipping Address
 TRI/Environmental, Inc.
 Attn: Pipe Lab
 9063 Bee Caves Road
 Austin, Texas 78733-6201
 1-352-231-0992

Please note that this COC has form fields that can be completed within a standard PDF reader. Some clients complete the entire COC electronically, some pre-populate contact information and fill in the samples and assignments by hand, and others complete the entire form by hand in the field. Please have a copy of the COC accompany the sample(s) to the laboratory so that work can be initiated upon receipt with the correct project name, sample identifications, assigned tests, and relevant details in place. Thank you for your business.

Sample ID	Product Designation (manufacturer, thickness, polymer, etc.)	Testing Standard															
		Resin: Blend MB2x No Filter	Resin: D4703 Plaque Compression Molding	Resin: D1505 Density	Resin: D1238 190C/2.16kg Melt Index	Resin: D638 Tensile Strength At Yield	Resin: D790 Flexural Modulus	Resin: F2136 NCLS	Pipe: D1603 Carbon Black	Pipe: D2412 Stiffness and Flattening	Pipe: D2444 Brittleness/Impact	Pipe: M294 Dimensions, Workmanship, Markings	Pipe: T341 Stub Compression				
1																	
2																	
3																	
4																	
5																	

Special Instructions

1
 2
 3
 4
 5

Authorization: _____
 Signature Printed Name Date