



# TEST CENTER QUESTIONNAIRE

**PLEASE COMPLETE & E-MAIL OR FAX TO:** SOLUTION@MPECHICAGO.COM • MPE TEST CENTER 773.254.3935

**SAMPLES MAY BE SENT TO:** 3125 SOUTH KOLIN AVENUE, CHICAGO, ILLINOIS 60623 U.S.A.

FOR INTERNATIONAL SAMPLES, DHL DIRECT TO OUR FACILITY IS PREFERRED • **MSDS REQUIRED FOR ALL SAMPLES**

**COMPANY NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**PHONE: ( )** \_\_\_\_\_ **FAX: ( )** \_\_\_\_\_

**APPLICATION LOCATION:** \_\_\_\_\_

**PRODUCT:** \_\_\_\_\_

**FEEDSTOCK SIZE:** \_\_\_\_\_

**TARGET SIZE:** (PARTICLE DISTRIBUTION OR FINISHED SAMPLE IF AVAILABLE) \_\_\_\_\_

**TARGET RATE:** \_\_\_\_\_

**ANTICIPATED PRODUCT SHIP DATE:** \_\_\_\_\_

**DESIRED TEST DATE:** \_\_\_\_\_

**NOTES:** \_\_\_\_\_

TO BE COMPLETED BY MPE

**SAMPLE RECEIPT DATE:** \_\_\_\_\_ **TEST DATE (COMPLETED):** \_\_\_\_\_

**SAMPLE: RETURNED** \_\_\_\_\_ **DISCARDED** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RAW MATERIAL: RETURNED** \_\_\_\_\_ **DISCARDED** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_