


**ADVANCED OIL**



0 0 0 0 0 A 0 0 0 0 0

Kit Questions or Additional Testing: 715-395-0222  
Test Results or Equipment Changes: 877-458-3315  
www.oiltesting.com

SAMPLE INFORMATION <b>A</b>	
Acct # OILANA	Receive your report by: <input type="checkbox"/> Email <input type="checkbox"/> Fax or <input type="checkbox"/> Mail
Company	Contact Name
Address	City - State/Province - Postal Code - Country
Phone	Fax
Sample Point	Secondary ID
<input type="checkbox"/> Engine <input type="checkbox"/> Gear <input type="checkbox"/> Bearing <input type="checkbox"/> Differential <input type="checkbox"/> Final Drive <input type="checkbox"/> Hydraulic <input type="checkbox"/> Planetary <input type="checkbox"/> Transmission <input type="checkbox"/> Other _____	New Lube Sample <input type="checkbox"/> <b>C</b> Lube Time <b>D</b> _____ <input type="checkbox"/> Mi <input type="checkbox"/> Km <input type="checkbox"/> Hr <input type="checkbox"/> Day <input type="checkbox"/> Mo <input type="checkbox"/> Yr Component Time <b>E</b> _____ <input type="checkbox"/> Mi <input type="checkbox"/> Km <input type="checkbox"/> Hr <input type="checkbox"/> Day <input type="checkbox"/> Mo <input type="checkbox"/> Yr Lube Added <b>F</b> _____ <input type="checkbox"/> Qt <input type="checkbox"/> Gal <input type="checkbox"/> Ltr <input type="checkbox"/> Ltr Lube Changed <input type="checkbox"/> Yes <input type="checkbox"/> No Misc _____ Filter Changed <input type="checkbox"/> Yes <input type="checkbox"/> No <b>G</b>
Position (If Applicable) <input type="checkbox"/> Chassis <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Center	Comments


  

COMPONENT REGISTRATION (Required ONLY for registering new components or to request changes.)				
Engine Options (check only one) <b>H</b> Fuel Type: <input type="checkbox"/> Diesel (AA) <input type="checkbox"/> LP Gas (BALPG) <input type="checkbox"/> Gasoline (ABUNL) <input type="checkbox"/> Methane Gas (BAMGE) <input type="checkbox"/> Natural Gas (BANGE) <input type="checkbox"/> Dual Fuel (AA2F) <input type="checkbox"/> Other _____		Non-Engine Options (check only one) Transmission: <input type="checkbox"/> Manual (BBMNT) <input type="checkbox"/> Mobile Gear/Bearing: <input type="checkbox"/> Auto/Powershift (BBAPT) <input type="checkbox"/> Final Drive (BBFDR) <input type="checkbox"/> Torque Converter (BBTRO) <input type="checkbox"/> Planetary (BBPLT) <input type="checkbox"/> Hydrostatic (BHHYD) <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____		
Engine Manufacturer <b>I</b> Engine Model <small>(Model # if diesel or natural gas, displacement if gasoline)</small>		Non-Engine Manufacturer <b>J</b> Non-Engine Model		
Application <b>K</b> <input type="checkbox"/> Automotive - 700 <input type="checkbox"/> O-T-R Trucking - 110 <input type="checkbox"/> Railroad - 800 <input type="checkbox"/> Construction - 220 <input type="checkbox"/> Utility - 490 <input type="checkbox"/> Transportation - 100 <input type="checkbox"/> Off-Highway - 200 <input type="checkbox"/> Waste Handling/Landfill - 230 <input type="checkbox"/> Mining - 600 <input type="checkbox"/> Gas/Oil Field - 300 <input type="checkbox"/> Plant/Industrial - 400 <input type="checkbox"/> Agricultural - 280 <input type="checkbox"/> Quarry - 288 <input type="checkbox"/> Marine - 500 <input type="checkbox"/> Other _____				
Lube Manufacturer <b>L</b> Filter <input type="checkbox"/> Full-Flow - 10 <input type="checkbox"/> By-Pass - 11 <input type="checkbox"/> Kidney Loop - 16 <input type="checkbox"/> None <input type="checkbox"/> Other _____		Product Code _____ Grade <input type="checkbox"/> SAE <input type="checkbox"/> ISO		Sump Capacity <input type="checkbox"/> Qt <input type="checkbox"/> Gal <input type="checkbox"/> Ltr

**M**


APPLY TO SAMPLE JAR



Component ID \_\_\_\_\_

OIL ANALYZERS LABORATORY  
3060 CALIFORNIA AVE, SUITE B  
P.O. BOX 30820  
SALT LAKE CITY, UT 84104

FOR YOUR RECORDS



Component ID \_\_\_\_\_

OIL ANALYZERS LABORATORY  
1950 EVERGREEN BLVD, SUITE 400  
P.O. BOX 100071  
DULUTH, GA 30096

OIL ANALYZERS LABORATORY  
7451 WINTON DRIVE  
P.O. BOX 68983  
INDIANAPOLIS, IN 46268

OIL ANALYZERS LABORATORY  
10910 W. SAM HOUSTON PKWY NORTH  
SUITE 700  
HOUSTON, TX 77064-9903

**SMALL RETURN ADDRESS  
LABELS ARE FOR  
NON-POSTAGE PAID KITS ONLY**

### SAMPLE INFORMATION

- A Sample Information:** Carefully complete the customer information fields.
- B Component ID/Secondary ID:** Fill in the Component ID information (e.g. unit number, John's truck, etc.). In the Secondary ID field, indicate the vehicle year, make and model.
- C New Lube Sample:** DO NOT check unless the sample you are submitting is a new, unused baseline sample.
- D Lube Time:** Indicate the distance (or hours) on the sample.
- E Component Time:** Indicate the distance (or hours) on the vehicle.
- F Lube Added:** Check only if fluid was topped off at any time before the sample was taken.
- G Lube Changed/Filter Changed:** Check 'Yes' if the fluid or filter was changed after the sample was taken.

### COMPONENT REGISTRATION

- H Engine Options:** Indicate what type of engine the sample was taken from.
- I Engine Manufacturer/Engine Model:** Indicate the engine's manufacturer (e.g. Cummins, Ford, GMC) and the model (e.g. 7.3L, ISL-G, 5.7L Hemi).
- J Non-Engine Manufacturer/Non-Engine Model:** Indicate the component manufacturer (e.g. Allison, Eaton, Spicer/Dana) and model (e.g. 3000, Ranger, 13-speed, Powershift).
- K Application:** Choose the best description of the operating environment of the vehicle or equipment.
- L Lube Manufacturer/Product Code/Grade:** Indicate the brand, product name or code and viscosity of the sample (e.g. AMSOIL, Signature Series ASL, SAE 5W-30).
- M SAVE THIS BAR CODE:** To check sample status, enter the bar code number in the Track My Sample field at [www.oilreports.com](http://www.oilreports.com).