



AIRCRAFT OIL ANALYSIS

416 E. Pettit Ave., Fort Wayne, IN 46806
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Name: _____ Registration (N) Number: _____
Address: _____ Sample date: _____
_____ Hours on oil: _____
Contact: _____ Hours on engine: _____ SMOH
Phone: _____ (choose one) SNew
Engine Make: _____ Oil added between changes: ____ qts.
Model: _____ Oil type: _____

Cylinder Type: Steel Chrome Don't Know
Nickel Mixed

Engine Position: Left Front
Right Rear

Remarks: _____

 Please send more sample containers.

Payment Check enclosed Check # _____ Sample was prepaid
Credit card: Use card on file **or** Use card listed below
Name on card: _____ CVV code: _____
Credit card number: _____ Exp. date: _____
If billing address is different from the address at the top of the slip, please list below.

AIRCRAFT Make _____ Model _____
ENGINE Serial No. _____

Have you used any additives? Yes No Please list: _____
Has the engine been inactive? Yes No How long? _____
Replacement cylinders? Yes No What type? _____
Filter: Spin on Screen

Recent work done or known problems/suspensions: _____

Email address: _____