



**GAS/DIESEL
ANALYSIS**

416 E. Pettit Ave., Fort Wayne, IN 46806
(260)744-2380
www.blackstone-labs.com

Name: _____

Address: _____ Unit ID: _____

_____ Sample date: _____

Contact: _____ Mi/Hr/Km on oil: _____

(choose one)

Phone: _____ Mi/Hr/Km on engine: _____

(choose one)

Engine Make: _____ Oil added between changes: ____ qts.

Model: _____

Fuel Gas Leaded

Type: Diesel Biodiesel

WVO Other

Oil type: _____

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.

Vehicle Make: _____ Model: _____ Year: _____

Was the oil changed when the sample was taken? Yes No

Are you interested in extended oil use? Yes No

Have you used any additives? (list below) Yes No

Would you like a TBN (additional cost of \$10.00)? Yes No

(A TBN measures the amount of active additive present in the oil.)

Additional comments or questions: _____

Email address: _____