

## Dyhydromatics Technology Test

**Conditions:**

1. If customer requires a Confidentiality Agreement (CDA) please provide customer CDA or contact Dyhydromatics LLC (“Company”) for a copy of our Mutual CDA document.
2. This form is to be completed by a customer before a sample is shipped to Company.
3. Company reserves the right to reject any sample not compliant with Company health or safety requirements.
4. Company processed samples are NOT for human and animal use or consumption, or for medical and clinical trials.
5. Company makes no claim to customer’s intellectual property based on sample provided, test sample results or processing methods used.

Customer:
Address:

Requestor:	Title:
Email:	Fax:
Phone:	Direct or Cell:

Goals (problem to be resolved or desired results):
Results evaluation (by: optical microscopy, particle size analysis, viscosity modification, etc.):
Current processing techniques:
Application or end use product:
Personal protection equipment:
Material hazards not outlined in MSDS (biosafety, health, flammability, reactivity, explosivity):



Providing the forces you need to succeed

**Corporate Headquarters:** 63 Great Road, Suite 100, Maynard, MA 01754  
 Phone 978.461.0200 • Fax: 978.461.0201  
**Customer Service:** (Option 4) • customerservice@dyhydromatics.com  
**Sales:** 603.554.2922 • sales@dyhydromatics.com  
 www.dyhydromatics.com

Company cannot accept live viruses, radioactive or explosive and/or hazardous materials.  
 Attach Material Safety Data Sheets (MSDS) for all ingredients.  
 List all ingredients. Provide general description for proprietary ingredients.

Ingredient	%	Solid	Liquid	Soluble in H2O

Starting size, Mean/D50:	Starting size, largest:
Diluent for analysis:	Refractive index:

Physical characteristics of formulation premix (viscosity, color, clarity, temperature limits):
Are formulation alterations welcome:
Sample size required for customer evaluation/testing:
Comments and additional information:

Customer is responsible for transportation cost for all processed and unprocessed samples to and from the Company.

Carrier:	Account #:
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By my signature below, I confirm the above information to be accurate.

Customer Entity Name:
Signed:
Printed name:
Title:
Date: