



QUICK START GUIDE

SAMPLE PROCESSING FORM

Learn How To:

1. Login to the Castrol Labcheck *On The GO* mobile app
2. Use the new Castrol Labcheck Sample Processing Form
3. Register a sample Using the Castrol Labcheck Sample Processing Form

GETTING STARTED



Castrol Labcheck On The Go Mobile App

- The Labcheck program uses an integrated sample processing form with QR-codes.
- This form is designed to integrate with the Castrol Labcheck On The Go Mobile App and allow you to quickly and easily register Castrol Labcheck samples in the “field” or “shop.”
- To get started, download the “Castrol Labcheck On The Go” mobile app from the iTunes App Store or Google Play Store.



* If you already have the app installed, make sure to check for updates to ensure you are using the most current version.

GETTING STARTED

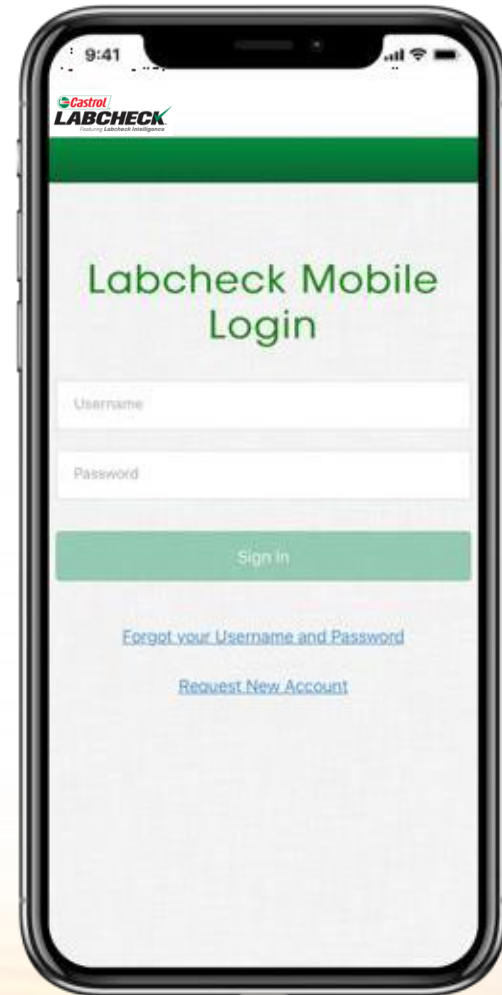


Castrol Labcheck *On The Go* Mobile App

- To login to the *Labcheck On The Go* Mobile App you will use the same login credentials — username & password — that you utilize for Castrol Labcheck.
Note: Moving forward, the app will save your login information.
- Once you have entered your credentials, tap the **Sign In** button.
- If you do not have a Castrol Labcheck account, you can register for one directly in the app or at:



www.labcheckonline.com



CASTROL LABCHECK PROCESSING FORM



CASTROL LABCHECK FORM
HEAVY DUTY PROGRAM



TSTBPB

S20190319022938



Equipment &
Sample
Registration

Page 1 of 1



Sampling Customer: 50248549

S20190319022938

ORDER #: OR00001021

Sample Submission Instructions

1) If you don't already have an account, register for a Labcheck account at: www.labcheckonline.com

5) Peel and apply barcode label below to sample jar

2) Take a proper sample. For instructions on sampling, download instructions from: www.labcheckresources.com

6) Send sample immediately to the laboratory via traceable delivery / courier service

3) Log into your Labcheck account to register or edit equipment being sampled under the Equipment tab (if you don't have access to Labcheck, please use the sample registration form to the right)

7) Receive sample report via e-mail, mobile app or login to Labcheck to access current and historical sample results.

4) Use the Mobile App or Labcheck Sample Submission feature to register your sample with the laboratory.

Need Help? 1-866-LABCHECK
For more information on Labcheck,
www.labcheckresources.com



AFFIX TO
SAMPLE

RETAIN WITH YOUR RECORDS
FOR TRACKING

S20190319022938

Date

SAMPLE TRACKING NUMBER:
S20190319022938

Unit ID

Unit ID

Component

Component

4/15/2019

Unit ID:

COMPONENT INFORMATION

Component Sampled:

- | | |
|---|--|
| <input type="checkbox"/> Engine (Fuel Type) | <input type="checkbox"/> Transmission (Type) |
| <input type="checkbox"/> Diesel | <input type="checkbox"/> Gasoline |
| <input type="checkbox"/> Auto | <input type="checkbox"/> Manual |
| <input type="checkbox"/> Nat. Gas | <input type="checkbox"/> Propane |
| <input type="checkbox"/> Hydrostatic | |
| <input type="checkbox"/> Compressor | <input type="checkbox"/> Gearbox |
| <input type="checkbox"/> Speed Reducer | |
| <input type="checkbox"/> Cooling System | <input type="checkbox"/> Hydraulic |
| <input type="checkbox"/> Swing Drive | |
| <input type="checkbox"/> Crusher | <input type="checkbox"/> Planetary |
| <input type="checkbox"/> Tandem | |
| <input type="checkbox"/> Differential | <input type="checkbox"/> Pump Drive |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Final Drive | <input type="checkbox"/> Screen |

Position:

- | | |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> Front | <input type="checkbox"/> Left |
| <input type="checkbox"/> Center | <input type="checkbox"/> Right |
| <input type="checkbox"/> Rear | <input type="checkbox"/> Upper |
| | <input type="checkbox"/> Lower |

*Select ONLY if more than one component of this type. Select no more than 2 locations (i.e. Front / Left)

Fluid / Product:

- | | | |
|--|--|---|
| <input type="checkbox"/> ALLISON TRANSYND | <input type="checkbox"/> CRB MULTI | <input type="checkbox"/> RADICOOOL SF-O |
| <input type="checkbox"/> ALPHA HC | <input type="checkbox"/> DUAL RANGE HV | <input type="checkbox"/> SYNGEAR |
| <input type="checkbox"/> ALPHA HC EP | <input type="checkbox"/> DURATEC ES | <input type="checkbox"/> SYNGEAR CD 50 |
| <input type="checkbox"/> ALPHASYN | <input type="checkbox"/> DURATEC LFG | <input type="checkbox"/> TRANS-C |
| <input type="checkbox"/> ANVOL SWX FM | <input type="checkbox"/> DURATEC NG | <input type="checkbox"/> TRANS-C HT |
| <input type="checkbox"/> AP GEAR LUBE | <input type="checkbox"/> EP GEAR LUBE | <input type="checkbox"/> TRANSMAX MANUAL E LL |
| <input type="checkbox"/> ASSURON | <input type="checkbox"/> MULTI-PURPOSE ATF | <input type="checkbox"/> UTF |
| <input type="checkbox"/> AXLE FD-1 | <input type="checkbox"/> PARADENE AW | <input type="checkbox"/> VECTON |
| <input type="checkbox"/> BLUE HYD PLUS | <input type="checkbox"/> PARADENE R&O | <input type="checkbox"/> VECTON LONG DRAIN |
| <input type="checkbox"/> BP AUTRAN SYN 255 | <input type="checkbox"/> RADICOOOL HD | |

Viscosity Grade:

- | |
|--------------------------------------|
| <input type="checkbox"/> SAE 10W-30 |
| <input type="checkbox"/> SAE 15W-40 |
| <input type="checkbox"/> SAE 10W |
| <input type="checkbox"/> SAE 30 |
| <input type="checkbox"/> SAE 50 |
| <input type="checkbox"/> SAE 80W-90 |
| <input type="checkbox"/> SAE 80W-140 |
| <input type="checkbox"/> ISO 32 |
| <input type="checkbox"/> ISO 46 |
| <input type="checkbox"/> ISO 68 |
| <input type="checkbox"/> Other _____ |

Other Product in Use:

(No grade required for ATF, UTF or Coolant)

Sample Date:

Fluid Changed: Yes No

Filter Changed: Yes No

Unit Age:

HRS KM Fluid Age: HRS KM

MI MI

PO #:

Work Order #:

If this is the first time you are submitting samples for this unit, fill in the section below.

Unit Mfg./Model:

Unit Serial #:

Unit Worksite:

Component Mfg./Model:

Component Serial Number:

Sump Capacity:

GL QT L

SAMPLE PROCESSING FORM OVERVIEW

Overview



Test Package Identification



Peel-off QR-Coded Bottle Label to Register Sample on the Labcheck Mobile app or in Labcheck Online



Simplified Machine Registration (now only needed for NEW Machines)



Perforated Sample Form



Peel-off Label for Your Work Order & Sample Tracking



CASTROL LABCHECK FORM
HEAVY DUTY PROGRAM



S20190319022938



Sample Submission Instructions

1) If you don't already have an account, register for a Labcheck account at: www.labcheckonline.com

5) Peel and apply barcode label below to sample jar

2) Take a proper sample. For instructions on sampling, download instructions from: www.labcheckresources.com

6) Send sample immediately to the laboratory via traceable delivery / courier service

3) Log into your Labcheck account to register or edit equipment being sampled under the Equipment tab (if you don't have access to Labcheck, please use the sample registration form to the right)

7) Receive sample report via e-mail, mobile app or login to Labcheck to access current and historical sample results.

4) Use the Mobile App or Labcheck Sample Submission feature to register your sample with the laboratory.

Need Help? 1-866-LABCHECK
For more information on Labcheck, www.labcheckresources.com

AFFIX TO SAMPLE

S20190319022938

Date _____

Unit ID _____

Component _____

RETAIN WITH YOUR RECORDS FOR TRACKING

SAMPLE TRACKING NUMBER: S20190319022938

Unit ID _____

Component _____

4/15/2019



Equipment & Sample Registration

Page 1 of 1



Sampling Customer: 50248549

S20190319022938

ORDER #: OR00001021

Unit ID:

COMPONENT INFORMATION

Component Sampled:

Engine (Fuel Type) Transmission (Type)
 Diesel Gasoline Auto Manual
 Nat. Gas Propane Hydrostatic
 Compressor Gearbox Speed Reducer
 Cooling System Hydraulic Swing Drive
 Crusher Planetary Tandem
 Differential Pump Drive Other _____
 Final Drive Screen

Position:

Front Left
 Center Right
 Rear Upper
 Lower

*Select ONLY if more than one component of this type. Select no more than 2 locations (i.e. Front / Left)

Fluid / Product:

ALLISON TRANSYND CRB MULTI RADICOOOL SF-O
 ALPHA HC DUAL RANGE HV SYNGEAR
 ALPHA HC EP DURATEC ES SYNGEAR CD 50
 ALPHASYN DURATEC LFG TRANS-C
 ANVIL SWX FM DURATEC NG TRANS-C HT
 AP GEAR LUBE EP GEAR LUBE TRANSMAX MANUAL E LL
 ASSURON MULTI-PURPOSE ATF UTF SAE 80W-140
 AXLE FD-1 PARADENE AW VECTON ISO 32
 BLUE HYD PLUS PARADENE R&O VECTON LONG DRAIN ISO 46
 BP AUTRAN SYN 295 RADICOOOL HD ISO 68
 Other _____

Viscosity Grade:

Other Product in Use:

(No grade required for ATF, UTF or Coolant)

Sample Date:

Fluid Changed: Yes No

Filter Changed: Yes No

Unit Age:

HRS KM Fluid Age: HRS KM

MI MI

PO #:

Work Order #:

If this is the first time you are submitting samples for this unit, fill in the section below.

Unit Mfg./Model:

Unit Serial #:

Unit Worksite:

Component Mfg./Model:

Component Serial Number:

Sump Capacity:

GL QT L



HOW TO USE THE FORM

**CASTROL LABCHECK FORM
HEAVY DUTY PROGRAM**

TSTBPB S20190319022938

Sample Submission Instructions

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- 4) Use the Mobile App or Labcheck Sample Submission feature to register your sample with the laboratory.
- 5) Peel and apply barcode label below to sample jar
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AFFIX TO SAMPLE

S20190319022938

Date _____

RETAIN WITH YOUR RECORDS FOR TRACKING

SAMPLE TRACKING NUMBER:
S20190319022938

Unit ID	Unit ID
Component	Component
4/15/2019	

Page 1 of 1

Equipment & Sample Registration

S20190319022938
ORDER #: OR00001021

Sampling Customer: 50248549

Unit ID: _____

COMPONENT INFORMATION

Component Sampled:

<input type="checkbox"/> Engine (Fuel Type)	<input type="checkbox"/> Transmission (Type)	<u>Position:</u>
<input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Auto <input type="checkbox"/> Manual	<input type="checkbox"/> Nat. Gas <input type="checkbox"/> Propane <input type="checkbox"/> Hydrostatic	<input type="checkbox"/> Front <input type="checkbox"/> Left
<input type="checkbox"/> Compressor <input type="checkbox"/> Gearbox <input type="checkbox"/> Speed Reducer	<input type="checkbox"/> Cooling System <input type="checkbox"/> Hydraulic <input type="checkbox"/> Swing Drive	<input type="checkbox"/> Center <input type="checkbox"/> Right
<input type="checkbox"/> Crusher <input type="checkbox"/> Planetary <input type="checkbox"/> Tandem	<input type="checkbox"/> Differential <input type="checkbox"/> Pump Drive <input type="checkbox"/> Other: _____	<input type="checkbox"/> Rear <input type="checkbox"/> Upper
<input type="checkbox"/> Final Drive <input type="checkbox"/> Screen		<input type="checkbox"/> Lower

*Select ONLY if more than one component of this type. Select no more than 2 locations (i.e. Front / Left)

<u>Fluid / Product:</u>	<u>Viscosity Grade:</u>
<input type="checkbox"/> ALLISON TRANSYND <input type="checkbox"/> CRB MULTI <input type="checkbox"/> RADICOL SF-O	<input type="checkbox"/> SAE 10W-30
<input type="checkbox"/> ALPHA HC <input type="checkbox"/> DUAL RANGE HV <input type="checkbox"/> SYNGEAR	<input type="checkbox"/> SAE 15W-40
<input type="checkbox"/> ALPHA HC EP <input type="checkbox"/> DURATEC ES <input type="checkbox"/> SYNGEAR CD 50	<input type="checkbox"/> SAE 10W
<input type="checkbox"/> ALPHASYN <input type="checkbox"/> DURATEC LFG <input type="checkbox"/> TRANS-C	<input type="checkbox"/> SAE 30
<input type="checkbox"/> ANVOL SWX FM <input type="checkbox"/> DURATEC NG <input type="checkbox"/> TRANS-C HT	<input type="checkbox"/> SAE 50
<input type="checkbox"/> AP GEAR LUBE <input type="checkbox"/> EP GEAR LUBE <input type="checkbox"/> TRANSMAX MANUAL E LL	<input type="checkbox"/> SAE 80W-90
<input type="checkbox"/> ASSURON <input type="checkbox"/> MULTI-PURPOSE ATF <input type="checkbox"/> UTF	<input type="checkbox"/> SAE 80W-140
<input type="checkbox"/> AXLE FD-1 <input type="checkbox"/> PARADENE AW <input type="checkbox"/> VECTON	<input type="checkbox"/> ISO 32
<input type="checkbox"/> BLUE HYD PLUS <input type="checkbox"/> PARADENE R&O <input type="checkbox"/> VECTON LONG DRAIN	<input type="checkbox"/> ISO 46
<input type="checkbox"/> BP AUTRAN SYN 295 <input type="checkbox"/> RADICOL HD	<input type="checkbox"/> ISO 68
	<input type="checkbox"/> Other _____

Other Product in Use: _____ (No grade required for ATF, UTF or Coolant)

Sample Date: _____ Fluid Changed: Yes No
Filter Changed: Yes No

Unit Age: _____ HRS KM MI Fluid Age: _____ HRS KM MI

PO #: _____ Work Order #: _____

If this is the first time you are submitting samples for this unit, fill in the section below.

Unit Mfg./Model: _____ Unit Serial #: _____

Unit Worksite: _____

Component Mfg./Model: _____


Component Serial Number: _____

Sump Capacity: _____ GL QT L

For machines and components that are already registered, you no longer have to fill out forms. Simply register the sample using the QR-code with the Castrol Labcheck *On The Go* Mobile App or in Castrol Labcheck.

If this is the first time sampling a machine or a new component of a machine, you will need to complete the **Equipment & Sample Registration** on the right side of the form and submit this with the sample.

SUBMITTING SAMPLES FOR EXISTING MACHINES


 **CASTROL LABCHECK FORM**
HEAVY DUTY PROGRAM

TSTBPB S20190319022938

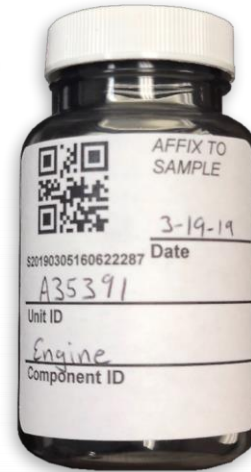
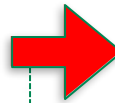
Sample Submission Instructions

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- 4) Use the Mobile App or Labcheck Sample Submission feature to register your sample with the laboratory.
- 5) Peel and apply barcode label below to sample jar
- 6) Send sample immediately to the laboratory via traceable delivery / courier service
- 7) Receive sample report via e-mail, mobile app or login to Labcheck to access current and historical sample results.

Need Help? 1-866-LABCHECK
For more information on Labcheck, www.labcheckresources.com

 <p>AFFIX TO SAMPLE</p> <p>S20190319022938</p> <p>Date _____</p> <p>Unit ID _____</p> <p>Component _____</p>	<p>RETAIN WITH YOUR RECORD FOR TRACKING</p> <p>SAMPLE TRACKING NUMBER: S20190319022938</p> <p>Unit ID _____</p> <p>Component _____</p>
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4/15/2019



For machines and components that have already been sampled before, simply register a new sample using the QR-code label with the Castrol Labcheck *On The Go* Mobile App or in Castrol Labcheck.

Please be sure to complete the required information on the blank QR label to ensure proper processing.

For more information on how to register samples with Castrol Labcheck *On The Go* Mobile App or in Castrol Labcheck, go to the Labcheck Resource Center: and review the "Mobile App Sample Registration Quick Start Guide."


FIRST TIME SAMPLE SUBMISSION

■ Sampling a New Machine or Equipment


If you are sampling a new machine or a new component, you will need to complete the Equipment & Samples Registration information.

Note: You can still use this form for any sample submission if you don't wish to register the sample using the Castrol Labcheck On The Go Mobile App or in Castrol Labcheck.

Page 1 of 1



Equipment & Sample Registration



Sampling Customer: 50248549 S20190319022938
 ORDER #: OR00001021

Unit ID: _____

COMPONENT INFORMATION

<u>Component Sampled:</u>		<u>Position:</u>
<input type="checkbox"/> Diesel	<input type="checkbox"/> Gasoline	<input type="checkbox"/> Front <input type="checkbox"/> Left
<input type="checkbox"/> Nat. Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Center <input type="checkbox"/> Right
<input type="checkbox"/> Compressor	<input type="checkbox"/> Gearbox	<input type="checkbox"/> Rear <input type="checkbox"/> Upper
<input type="checkbox"/> Cooling System	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Lower
<input type="checkbox"/> Crusher	<input type="checkbox"/> Planetary	
<input type="checkbox"/> Differential	<input type="checkbox"/> Pump Drive	
<input type="checkbox"/> Final Drive	<input type="checkbox"/> Screen	

*Select ONLY if more than one component of this type. Select no more than 2 locations (i.e. Front / Left)

<u>Fluid / Product:</u>	<u>Viscosity Grade:</u>
<input type="checkbox"/> ALLISON TRANSYND	<input type="checkbox"/> SAE 10W-30
<input type="checkbox"/> ALPHA HC	<input type="checkbox"/> SAE 15W-40
<input type="checkbox"/> ALPHA HC EP	<input type="checkbox"/> SAE 10W
<input type="checkbox"/> ALPHASYN	<input type="checkbox"/> SAE 30
<input type="checkbox"/> ANVOL SWX FM	<input type="checkbox"/> SAE 50
<input type="checkbox"/> AP GEAR LUBE	<input type="checkbox"/> SAE 80W-90
<input type="checkbox"/> ASSURON	<input type="checkbox"/> SAE 80W-140
<input type="checkbox"/> AXLE FD-1	<input type="checkbox"/> ISO 32
<input type="checkbox"/> BLUE HYD PLUS	<input type="checkbox"/> ISO 46
<input type="checkbox"/> BP AUTRAN SYN 255	<input type="checkbox"/> ISO 68
<input type="checkbox"/> CRB MULTI	<input type="checkbox"/> Other _____
<input type="checkbox"/> DUAL RANGE HV	
<input type="checkbox"/> DURATEC ES	
<input type="checkbox"/> DURATEC LFG	
<input type="checkbox"/> DURATEC NG	
<input type="checkbox"/> EP GEAR LUBE	
<input type="checkbox"/> MULTI-PURPOSE ATF	
<input type="checkbox"/> PARADENE AW	
<input type="checkbox"/> PARADENE R&O	
<input type="checkbox"/> RADICOOOL HD	
<input type="checkbox"/> SYNGEAR	
<input type="checkbox"/> SYNGEAR CD 50	
<input type="checkbox"/> TRANS-C	
<input type="checkbox"/> TRANS-C HT	
<input type="checkbox"/> TRANSMAX MANUAL E LL	
<input type="checkbox"/> UTF	
<input type="checkbox"/> VECTON	
<input type="checkbox"/> VECTON LONG DRAIN	

Other Product in Use: _____ (No grade required for ATF, UTF or Coolant)

Sample Date: _____ Fluid Changed: Yes No
 Filter Changed: Yes No

Unit Age: HRS KM Fluid Age: HRS KM
 MI MI

PO #: _____ Work Order #: _____

If this is the first time you are submitting samples for this unit, fill in the section below.

Unit Mfg./Model: _____ Unit Serial #: _____


Unit Worksite: _____

Component Mfg./Model: _____


Component Serial Number: _____

Sump Capacity: GL QT L

FILLING OUT THE EQUIPMENT & SAMPLE REGISTRATION



CASTROL LABCHECK FORM
HEAVY DUTY PROGRAM




TSTBPB S20190319022938

Sample Submission Instructions

- 1) If you don't already have an account, register for a Labcheck account at: www.labcheckonline.com
- 2) Take a proper sample. For instructions on sampling, download instructions from: www.labcheckresources.com
- 3) Log into your Labcheck account to register or edit equipment being sampled under the Equipment tab (if you don't have access to Labcheck, please use the sample registration form to the right)
- 4) Use the Mobile App or Labcheck Sample Submission feature to register your sample with the laboratory.
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- 6) Send sample immediately to the laboratory via traceable delivery / courier service
- 7) Receive sample report via e-mail, mobile app or login to Labcheck to access current and historical sample results.

Need Help? 1-866-LABCHECK
For more information on Labcheck, www.labcheckresources.com



AFFIX TO
SAMPLE

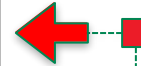
S20190319022938

RETAIN WITH YOUR RECORDS
FOR TRACKING

SAMPLE TRACKING NUMBER:
S20190319022938

Unit ID	Unit ID
Component	Component

4/15/2019



Instructions

The form header contains instructions for filling out the Equipment & Sample Registration information.


Important Note: The QR-code does not contain any specific sample information until it is registered.

Please be sure to complete the required information on the blank QR-code label to ensure proper processing.


FILLING OUT THE EQUIPMENT & SAMPLE REGISTRATION



Page 1 of 1



Equipment & Sample Registration



Sampling Customer: 50248549 S20190319022938

ORDER #: OR00001021

Unit ID: _____

COMPONENT INFORMATION

Component Sampled:


<input type="checkbox"/> Engine (Fuel Type)	<input type="checkbox"/> Transmission (Type)
<input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Auto <input type="checkbox"/> Manual	
<input type="checkbox"/> Nat. Gas <input type="checkbox"/> Propane <input type="checkbox"/> Hydrostatic	
<input type="checkbox"/> Compressor <input type="checkbox"/> Gearbox <input type="checkbox"/> Speed Reducer	
<input type="checkbox"/> Cooling System <input type="checkbox"/> Hydraulic <input type="checkbox"/> Swing Drive	
<input type="checkbox"/> Crusher <input type="checkbox"/> Planetary <input type="checkbox"/> Tandem	
<input type="checkbox"/> Differential <input type="checkbox"/> Pump Drive <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Final Drive <input type="checkbox"/> Screen	

*Select ONLY if more than one component of this type. Select no more than 2 locations (i.e. Front / Left)


Position:

<input type="checkbox"/> Front	<input type="checkbox"/> Left
<input type="checkbox"/> Center	<input type="checkbox"/> Right
<input type="checkbox"/> Rear	<input type="checkbox"/> Upper
	<input type="checkbox"/> Lower

Page 1 of 1



Equipment & Sample Registration



Sampling Customer: 50248549 S20190319022938

ORDER #: OR00001021

Unit ID: _____

COMPONENT INFORMATION

Component Sampled:

<input type="checkbox"/> Engine (Fuel Type)	<input type="checkbox"/> Transmission (Type)	<u>Position:</u>
<input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Auto <input type="checkbox"/> Manual		<input type="checkbox"/> Front <input type="checkbox"/> Left
<input type="checkbox"/> Nat. Gas <input type="checkbox"/> Propane <input type="checkbox"/> Hydrostatic		<input type="checkbox"/> Center <input type="checkbox"/> Right
<input type="checkbox"/> Compressor <input type="checkbox"/> Gearbox <input type="checkbox"/> Speed Reducer		<input type="checkbox"/> Rear <input type="checkbox"/> Upper
<input type="checkbox"/> Cooling System <input type="checkbox"/> Hydraulic <input type="checkbox"/> Swing Drive		<input type="checkbox"/> Lower
<input type="checkbox"/> Crusher <input type="checkbox"/> Planetary <input type="checkbox"/> Tandem		
<input type="checkbox"/> Differential <input type="checkbox"/> Pump Drive <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Final Drive <input type="checkbox"/> Screen		

*Select ONLY if more than one component of this type. Select no more than 2 locations (i.e. Front / Left)

Fluid / Product:

<input type="checkbox"/> ALLISON TRANSYND	<input type="checkbox"/> CRB MULTI	<input type="checkbox"/> RADICOOOL SF-O	<input type="checkbox"/> SAE 10W-30
<input type="checkbox"/> ALPHA HC	<input type="checkbox"/> DUAL RANGE HV	<input type="checkbox"/> SYNGEAR	<input type="checkbox"/> SAE 15W-40
<input type="checkbox"/> ALPHA HC EP	<input type="checkbox"/> DURATEC ES	<input type="checkbox"/> SYNGEAR CD 50	<input type="checkbox"/> SAE 10W
<input type="checkbox"/> ALPHASYN	<input type="checkbox"/> DURATEC LFG	<input type="checkbox"/> TRANS-C	<input type="checkbox"/> SAE 30
<input type="checkbox"/> ANVOL SWX FM	<input type="checkbox"/> DURATEC NG	<input type="checkbox"/> TRANS-C HT	<input type="checkbox"/> SAE 50
<input type="checkbox"/> AP GEAR LUBE	<input type="checkbox"/> EP GEAR LUBE	<input type="checkbox"/> TRANSMAX MANUAL E LL	<input type="checkbox"/> SAE 80W-90
<input type="checkbox"/> ASSURON	<input type="checkbox"/> MULTI-PURPOSE ATF	<input type="checkbox"/> UTF	<input type="checkbox"/> SAE 80W-140
<input type="checkbox"/> AXLE FD-1	<input type="checkbox"/> PARADENE AW	<input type="checkbox"/> VECTON	<input type="checkbox"/> ISO 32
<input type="checkbox"/> BLUE HYD PLUS	<input type="checkbox"/> PARADENE R&O	<input type="checkbox"/> VECTON LONG DRAIN	<input type="checkbox"/> ISO 46
<input type="checkbox"/> BP AUTRAN SYN 25S	<input type="checkbox"/> RADICOOOL HD		<input type="checkbox"/> ISO 68
			<input type="checkbox"/> Other _____

Other Product in Use: _____ (No grade required for ATF, UTF or Coolant)

Sample Date: _____ Fluid Changed: Yes No

Filter Changed: Yes No

Unit Age: _____ HRS KM MI Fluid Age: _____ HRS KM MI

PO #: _____ Work Order #: _____

If this is the first time you are submitting samples for this unit, fill in the section below.

Unit Mfg./Model: _____ Unit Serial #: _____

Unit Worksite: _____

Component Mfg./Model: _____

Component Serial Number: _____

Sump Capacity: _____ GL QT L

Provide the Machine serial number and machine model. Check the component being sampled and provide the information for the oil / fluid in use.

FILLING OUT THE EQUIPMENT & SAMPLE REGISTRATION

Other Product in Use: _____ (No grade required for ATF, UTF or Coolant)

Sample Date: _____ **Fluid Changed:** Yes No
Filter Changed: Yes No

Unit Age: HRS KM **Fluid Age:** HRS KM
 MI MI

PO #: _____ **Work Order #:** _____

If this is the first time you are submitting samples for this unit, fill in the section below.

Unit Mfg./Model: _____ **Unit Serial #:** _____

Unit Worksite: _____


Component Mfg./Model: _____

Component Serial Number: _____


Sump Capacity: _____ GL QT L

- Provide the date the sample was taken, indicate if the oil / fluid and filter were change at the time the sample was taken.
- Provide the total hours on the machine and hours since last oil change. You can also now tie samples to a Work Order or Purchase Order.

Page 1 of 1



Equipment & Sample Registration



Sampling Customer: 50248549 S20190319022938
ORDER #: OR00001021

Unit ID: _____

COMPONENT INFORMATION

<p>Component Sampled:</p> <p><input type="checkbox"/> Engine (Fuel Type) <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Nat. Gas <input type="checkbox"/> Propane</p> <p><input type="checkbox"/> Compressor <input type="checkbox"/> Cooling System <input type="checkbox"/> Crusher <input type="checkbox"/> Differential <input type="checkbox"/> Final Drive</p>	<p><input type="checkbox"/> Transmission (Type) <input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> Hydrostatic</p> <p><input type="checkbox"/> Gearbox <input type="checkbox"/> Speed Reducer <input type="checkbox"/> Swing Drive <input type="checkbox"/> Planetary <input type="checkbox"/> Tandem <input type="checkbox"/> Pump Drive <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Screen</p>	<p>Position:</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p><small>*Select OML Y if more than one component of this type. Select no more than 2 locations (i.e. Front / Left)</small></p>
---	---	---

Fluid / Product:	Viscosity Grade:
<input type="checkbox"/> ALLISON TRANSYND <input type="checkbox"/> CRB MULTI <input type="checkbox"/> RADICOOOL SF-O <input type="checkbox"/> ALPHA HC <input type="checkbox"/> DUAL RANGE HV <input type="checkbox"/> SYNGEAR <input type="checkbox"/> ALPHA HC EP <input type="checkbox"/> DURATEC ES <input type="checkbox"/> SYNGEAR CD 50 <input type="checkbox"/> ALPHASYN <input type="checkbox"/> DURATEC LFG <input type="checkbox"/> TRANS-C <input type="checkbox"/> SAE 30 <input type="checkbox"/> ANVOL SWX FM <input type="checkbox"/> DURATEC NG <input type="checkbox"/> TRANS-C HT <input type="checkbox"/> SAE 50 <input type="checkbox"/> AP GEAR LUBE <input type="checkbox"/> EP GEAR LUBE <input type="checkbox"/> TRANSMAX MANUAL E LL <input type="checkbox"/> SAE 80W-90 <input type="checkbox"/> ASSURON <input type="checkbox"/> MULTI-PURPOSE ATF <input type="checkbox"/> UTF <input type="checkbox"/> SAE 80W-140 <input type="checkbox"/> AXLE FD-1 <input type="checkbox"/> PARADENE AW <input type="checkbox"/> VECTON <input type="checkbox"/> ISO 32 <input type="checkbox"/> BLUE HYD PLUS <input type="checkbox"/> PARADENE R&O <input type="checkbox"/> VECTON LONG DRAIN <input type="checkbox"/> ISO 46 <input type="checkbox"/> BP AUTRAN SYN 25S <input type="checkbox"/> RADICOOOL HD <input type="checkbox"/> ISO 68 <input type="checkbox"/> Other: _____	<input type="checkbox"/> SAE 10W-30 <input type="checkbox"/> SAE 15W-40 <input type="checkbox"/> SAE 10W <input type="checkbox"/> SAE 30 <input type="checkbox"/> SAE 50 <input type="checkbox"/> SAE 80W-90 <input type="checkbox"/> SAE 80W-140 <input type="checkbox"/> ISO 32 <input type="checkbox"/> ISO 46 <input type="checkbox"/> ISO 68 <input type="checkbox"/> Other: _____

Other Product in Use: _____ (No grade required for ATF, UTF or Coolant)

Sample Date: _____ **Fluid Changed:** Yes No
Filter Changed: Yes No

Unit Age: HRS KM **Fluid Age:** HRS KM
 MI MI

PO #: _____ **Work Order #:** _____

If this is the first time you are submitting samples for this unit, fill in the section below.

Unit Mfg./Model: _____ **Unit Serial #:** _____

Unit Worksite: _____

Component Mfg./Model: _____

Component Serial Number: _____

Sump Capacity: _____ GL QT L

FILLING OUT THE EQUIPMENT & SAMPLE REGISTRATION

Other Product in Use: _____ (No grade required for ATF, UTF or Coolant)

Sample Date: _____ **Fluid Changed:** Yes No
Filter Changed: Yes No

Unit Age: _____ **Fluid Age:** _____
 HRS KM HRS KM
 MI MI

PO #: _____ **Work Order #:** _____

If this is the first time you are submitting samples for this unit, fill in the section below.

■ If you want the sample to be registered to a specific customer account and not to your dealer account, complete the customer information section so the lab knows how to log this sample.

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Equipment & Sample Registration

Sampling Customer: 50248549 S20190319022938
ORDER #: OR00001021

Unit ID: _____

COMPONENT INFORMATION

Component Sampled:		Position:
<input type="checkbox"/> Engine (Fuel Type)	<input type="checkbox"/> Transmission (Type)	<input type="checkbox"/> Front <input type="checkbox"/> Left
<input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Auto <input type="checkbox"/> Manual	<input type="checkbox"/> Nat. Gas <input type="checkbox"/> Propane <input type="checkbox"/> Hydrostatic	<input type="checkbox"/> Center <input type="checkbox"/> Right
<input type="checkbox"/> Compressor <input type="checkbox"/> Gearbox <input type="checkbox"/> Speed Reducer	<input type="checkbox"/> Cooling System <input type="checkbox"/> Hydraulic <input type="checkbox"/> Swing Drive	<input type="checkbox"/> Rear <input type="checkbox"/> Upper
<input type="checkbox"/> Crusher <input type="checkbox"/> Planetary <input type="checkbox"/> Tandem	<input type="checkbox"/> Differential <input type="checkbox"/> Pump Drive <input type="checkbox"/> Other: _____	<input type="checkbox"/> Lower
<input type="checkbox"/> Final Drive <input type="checkbox"/> Screen		

*Select OML Y if more than one component of this type. Select no more than 2 locations (i.e. Front / Left)

Fluid / Product:	Viscosity Grade:
<input type="checkbox"/> ALLISON TRANSYND <input type="checkbox"/> CRB MULTI <input type="checkbox"/> RADICOOOL SF-O	<input type="checkbox"/> SAE 10W-30
<input type="checkbox"/> ALPHA HC <input type="checkbox"/> DUAL RANGE HV <input type="checkbox"/> SYNGEAR	<input type="checkbox"/> SAE 15W-40
<input type="checkbox"/> ALPHA HC EP <input type="checkbox"/> DURATEC ES <input type="checkbox"/> SYNGEAR CD 50	<input type="checkbox"/> SAE 10W
<input type="checkbox"/> ALPHASYN <input type="checkbox"/> DURATEC LFG <input type="checkbox"/> TRANS-C	<input type="checkbox"/> SAE 30
<input type="checkbox"/> ANVOL SWX FM <input type="checkbox"/> DURATEC NG <input type="checkbox"/> TRANS-C HT	<input type="checkbox"/> SAE 50
<input type="checkbox"/> AP GEAR LUBE <input type="checkbox"/> EP GEAR LUBE <input type="checkbox"/> TRANSMAX MANUAL E LL	<input type="checkbox"/> SAE 80W-90
<input type="checkbox"/> ASSURON <input type="checkbox"/> MULTI-PURPOSE ATF <input type="checkbox"/> UTF	<input type="checkbox"/> SAE 80W-140
<input type="checkbox"/> AXLE FD-1 <input type="checkbox"/> PARADENE AW <input type="checkbox"/> VECTON	<input type="checkbox"/> ISO 32
<input type="checkbox"/> BLUE HYD PLUS <input type="checkbox"/> PARADENE R&O <input type="checkbox"/> VECTON LONG DRAIN	<input type="checkbox"/> ISO 46
<input type="checkbox"/> BP AUTRAN SYN 25S <input type="checkbox"/> RADICOOOL HD	<input type="checkbox"/> ISO 68
	<input type="checkbox"/> Other _____

Other Product in Use: _____ (No grade required for ATF, UTF or Coolant)

Sample Date: _____ **Fluid Changed:** Yes No
Filter Changed: Yes No

Unit Age: _____ **Fluid Age:** _____
 HRS KM HRS KM
 MI MI

PO #: _____ **Work Order #:** _____

If this is the first time you are submitting samples for this unit, fill in the section below.

Unit Mfg./Model: _____ **Unit Serial #:** _____

Unit Worksite: _____

Component Mfg./Model: _____

Component Serial Number: _____

Sump Capacity: _____ GL QT L

SENDING THE SAMPLE TO THE LAB

- If you are not pre-registering the sample, you will need to submit the form with the sample.



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Castrol LABCHECK
Featuring Labcheck Intelligence

Equipment & Sample Registration

Sampling Customer: 50246549 ORDER #: 0R00001021

Unit ID: _____

COMPONENT INFORMATION

Component Sampled:

<input type="checkbox"/> Engine (Fuel Type):	<input type="checkbox"/> Transmission (Type)	Position:	
<input type="checkbox"/> Diesel	<input type="checkbox"/> Auto	<input type="checkbox"/> Front	
<input type="checkbox"/> Nat. Gas	<input type="checkbox"/> Manual	<input type="checkbox"/> Center	
<input type="checkbox"/> Propane	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Rear	
<input type="checkbox"/> Compressor	<input type="checkbox"/> Speed Reducer	<input type="checkbox"/> Upper	
<input type="checkbox"/> Cooling System	<input type="checkbox"/> Steering Drive	<input type="checkbox"/> Lower	
<input type="checkbox"/> Crankcase	<input type="checkbox"/> Hydraulic	<small>*Select ONLY if more than one component of this type. Select no more than 2 locations (i.e. Front / Left)</small>	
<input type="checkbox"/> Differential	<input type="checkbox"/> Pump Drive		
<input type="checkbox"/> Final Drive	<input type="checkbox"/> Other: _____		

Fluid / Product:

<input type="checkbox"/> ALLISON TRANSYND	<input type="checkbox"/> OREO MULTI	<input type="checkbox"/> RADICOL SF-0	Viscosity Grade:
<input type="checkbox"/> ALPHA HC	<input type="checkbox"/> OIL RANGE HV	<input type="checkbox"/> SYNTEGAR	<input type="checkbox"/> SAE 10W-30
<input type="checkbox"/> ALPHA HC EP	<input type="checkbox"/> DURATEC ES	<input type="checkbox"/> SYNTEGAR CD 90	<input type="checkbox"/> SAE 15W-40
<input type="checkbox"/> ALPHAZYN	<input type="checkbox"/> DURATEC LFG	<input type="checkbox"/> TRANS-C	<input type="checkbox"/> SAE 10W
<input type="checkbox"/> ANVIL SWK FM	<input type="checkbox"/> DURATEC NG	<input type="checkbox"/> TRANS-C HT	<input type="checkbox"/> SAE 30
<input type="checkbox"/> AP GEAR LUBE	<input type="checkbox"/> EP GEAR LUBE	<input type="checkbox"/> TRANSMAX MANUAL E. LL	<input type="checkbox"/> SAE 80W-90
<input type="checkbox"/> ASSURON	<input type="checkbox"/> MULTI-PURPOSE ATF	<input type="checkbox"/> UTF	<input type="checkbox"/> SAE 80W-140
<input type="checkbox"/> AXLE FO-1	<input type="checkbox"/> PARADIGM AW	<input type="checkbox"/> VECTON	<input type="checkbox"/> ISO 32
<input type="checkbox"/> BLUE-TEC PLUS	<input type="checkbox"/> PARADIGM HD	<input type="checkbox"/> VECTON LOW GRAN	<input type="checkbox"/> ISO 46
<input type="checkbox"/> EP ALTRAN SYN 250	<input type="checkbox"/> RADICOL HD	<input type="checkbox"/> Other: _____	<input type="checkbox"/> ISO 68

Other Product in Use: _____ (No grade needed by ATF, UFF or UDF)

Sample Date: _____ Fluid Changed: Yes No

Unit Age: _____ Filter Changed: Yes No

Unit Age: HRS KM Fluid Age: _____ HRS KM

PO #: _____ Work Order #: _____

If this is the first time you are submitting samples for this unit, fill in the section below.

Unit Mfg./Model: _____ Unit Serial #: _____

Unit Worksite: _____

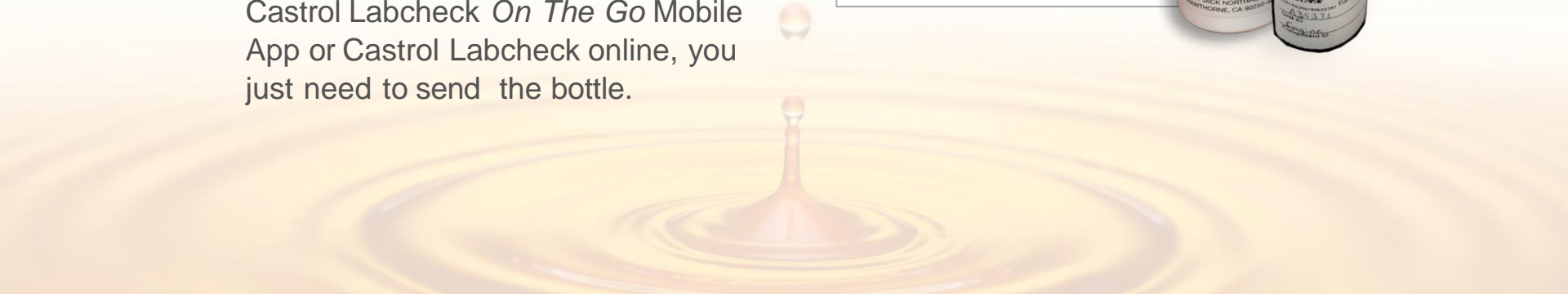
Component Mfg./Model: _____

Component Serial Number: _____

Sump Capacity: 0L QT L



- If you registered the sample via the Castrol Labcheck *On The Go* Mobile App or Castrol Labcheck online, you just need to send the bottle.





CASTROL LABCHECK SUPPORT DESK:

Phone: **866-LABCHECK (522-2432)**

Labchecksupport@bureauveritas.com

<https://www.labcheckresources.com/>

