

**Test Method D 5133
Gelation Index and Gelation Temperature Test**

Version

Conducted For

	V = Valid
	I = Invalid

	NR = Non-Reference Test Oil
	RO = Reference Oil Result

Test Number	
Instrument ID:	Test Run:

Date Completed:	EOT Time:
Oil Code:	
Alternate Codes:	

In my opinion this test _____ been conducted in a manner in accordance with the Test Method D5133 and the appropriate amendments through the information letter system. The remarks included in this report describe the anomalies associated with this test.

Submitted By: _____ **Testing Laboratory**

Signature

Typed Name

Title

**Test Method D 5133
Gelation Index and Gelation Temperature Test
Form 2**

Oil Code:
Lab Sample Code:

Testing Lab:	TMC Reference Oil ID:
Date Completed:	Time Completed:

Instrument ID:	
Test Run:	
Date of Last TMC Calibration:	TMC Calibration Expiration Date:

Viscosity (cp)	Temperature (°C)
5,000	
10,000	
20,000	
30,000	
40,000	

Gelation Temperature, °C	
Gelation Index	

