






TEST REQUEST FORM

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Customer Details	Billing address
Company:	Company:
Address:	Address:
VAT Number:	VAT Number:
Postcode/City:	Postcode/City:
Telephone:	Telephone:
Referent Name and Contact details:	Referent Name and Contact details:
	SDI Code:
Contact e-mail for the receipt of the test report:	Referent Accounts Dept.:
	Email address for receipt of invoice:

Customer's instructions	
Return of leftover material:	YES NO
Authorization to cut garments:	YES NO
Economical Offer nr.:	YES NO
<input type="checkbox"/> Regular Service (5-7 working days) <input type="checkbox"/> Rush Service (3 working days) <input type="checkbox"/> Regular Service GB CINA CMA - Tests to be carried out in Cina (7 working days)	

Details of the sample to be tested	
Article:	
Article code:	
Colour:	
Declared fibre content:	<input type="checkbox"/> Sampling <input type="checkbox"/> Production
Season:	
Event:	
Line:	
Department:	Yarn count/Weight:
Supplier:	

Details of the sample to be tested	
Brand:	
Order N.:	
Side to be tested:	<input type="checkbox"/> face <input type="checkbox"/> back <i>(to be indicated on the fabric sample)</i>
End use:	
Declared care instructions	    

Test requested (indicate referent packs if present on the economical offer)	Test Method

NOTE:

If precise test methods are not indicated, the laboratory will carry out the test with the most appropriate methods based on the type and end use of the samples presented.

Test requested by:

Date: **Time:** **Signature:**