






TEST REQUEST FORM	
Customer Details	Customer's instructions
Company:	Return of leftover material: YES NO
Address:	Authorization to cut garments: YES NO
VAT Number:	Economical Offer nr.: YES NO
Postcode/City:	<input type="checkbox"/> Regular Service (5-7 working days) <input type="checkbox"/> Rush Service (3 working days) <input type="checkbox"/> Regular Service GB CMA (7 working days)
Telephone:	
Referent Name and Contact details:	
Referent Accounts Dept.:	
Contact e-mail for the receipt of the test report:	

Details of the sample to be tested	
Article:	
Colour:	Yarn count/Weight:
Declared fibre content:	
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:**