

TEST REQUEST FORM



NA	ME OF THE SUPPLIER				
AD	DRESS				
TE	LEPHONE.No/s				
EM	IAIL ID				
SA	MPLE DESCRIPTION				
CC	DLOUR				
OR	DER NUMBER				
ST	YLE No				
P.C	D. NUMBER				
BU	YER				
BU	YING OFFICE				
DE	STINATION / COUNTRY				
TEST	METHOD TO BE CONDUCTED				
	D □ AATCC□ ASTM-D □ CAN / CGSB□ BS DIMENSIONAL STABILITY(SHRINKAGE) &	□ JIS □ DIN □ OTI	HERS S.NO	PHYSICAL TESTS	
□ ISC	D □ AATCC□ ASTM-D□ CAN/CGSB□BS		S.NO	PHYSICAL TESTS YARN / FABRIC COUNT LOOP LENGTH CONSTRUCTION DENIER SPANDEX / ELASTHANE % FABRIC WEIGHT (GSM)	
S.NO 1. 2. 3. 4. 5.	DIMENSIONAL STABILITY (SHRINKAGE) & RELATED TESTS DIMENSIONAL STABILITY TO WASHING SPIRALITY (SKEWNESS) APPEARANCE AFTER ACTUAL LAUNDERING PRINT DURABILITY TO WASHING DIMENSIONAL STABILITY TO DRY CLEANING		1. 2. 3. 4. 5.	YARN / FABRIC COUNT LOOP LENGTH CONSTRUCTION DENIER SPANDEX / ELASTHANE %	
S.NO 1. 2. 3. 4. 5.	DIMENSIONAL STABILITY (SHRINKAGE) & RELATED TESTS DIMENSIONAL STABILITY TO WASHING SPIRALITY (SKEWNESS) APPEARANCE AFTER ACTUAL LAUNDERING PRINT DURABILITY TO WASHING DIMENSIONAL STABILITY TO DRY CLEANING COLOUR FASTNESS TO ACTUAL LAUNDRING		1. 2. 3. 4. 5.	YARN / FABRIC COUNT LOOP LENGTH CONSTRUCTION DENIER SPANDEX / ELASTHANE % FABRIC WEIGHT (GSM)	

WE REQUEST FOR THE FOLLOWING TESTS TO BE PERFORMED AND WE AGREE TO PAY THE SAME TO M/S ATLABS

CONTACT PERSON : DESIGNATION :

SIGNATURE:

DATE :