



Name of Laboratory:
**SCTC - Swisstex Chemicals
 Technical Centre**

SCTC-F-SOP-002-001

Date of Issue:
 06-11-2020

Issue 5

Issued by:
 MR

Title: TRF - TEST REQUEST FORM

SAMPLE CUTTING
(Paste your sample here)

Date of Initiation: _____

SOURCE OF TEST REQUEST: Phone Fax Email Sales team person
 (check one) direct customer test request form/letter other _____

SUBMITTER /CUSTOMER NAME:	Official Use Only
INTERNAL/EXTERNAL WORK:	Test Request /Job#
CITY/COUNTRY:	
CONTACT # (TEL/FAX)	
EMAIL ADDRESS:	
CONTACT PERSON:	

SAMPLE INFORMATION:

Return Remained Sample: Yes / No

ITEM DESCRIPTION:	FABRIC WEIGHT:
NUMBER OF SAMPLES:	FIBRE CONTENT %age:
COLOR / STYLE#	THREAD COUNT:
ANY OTHER REFERENCE:	YARN SIZE:
BUYER:	END USE:
MARKET:	

CARE INSTRUCTIONS / SPECIAL INSTRUCTIONS: (must be filled in for all home laundering tests)

SERVICE REQUIRED: (check one) Regular Same Day
 Express (3 working days) Shuttle (a working day)

TEST TO BE CONDUCTED (Test method number):

- Colour fastness to,
- Washing: _____
 - Rubbing: _____
 - Light: _____
 - Perspiration: _____
 - Water: _____
 - Formaldehyde Content: _____
 - Fabric Ends or Picks: _____
 - Fabric GSM:: _____
 - pH: _____
 - Others: _____
- Determination of fabric appearance to home laundering: _____
 - Determination of dimensional stability of fabric to home laundering: _____
 - Water Repellency (Spray): _____
 - Absorbency: _____
 - CIE Whiteness Index: _____
 - Tensile Strength: _____
 - Tear Strength: _____
 - Gray Scale (Color Change) Assessment: _____
 - Gray Scale (Staining) Assessment: _____

Special Instructions: _____

If this is a Retest for a previous non-compliance and / or the fabric was already tested, please provide previous Test report/ Job no (s)

We request for the above testing /services and agree that all testing will be carried out at Swisstex Chemicals (pvt) Ltd Technical centre with agreed turn around times as set forth at the time of testing /service stated

Authorised Signature for and on behalf of Submitter / Customer:

Date: