



**TEST REQUEST FORM**

SERVICE REQUIRED:

REGULAR  
(5-7 working days)

EXPRESS (40% SURCHARGE)  
(3 working days)

**Note: Login day not counted as working day.**

**Client Information**

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

LAB USE ONLY
Date Received: _____

**Billing Information (for new client / cash sale only)**

Invoice to (as above):  Yes  No (please specify) Contact Person: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Sample Information (mandatory)**

Sample Description: \_\_\_\_\_  
 Colour: \_\_\_\_\_ Fibre Content: \_\_\_\_\_  
 Return Sample/s:  Yes  No

**Test Required (please tick appropriate boxes)**

Carpets	Test Method	Resilient Floor Covering	Test Method
<input type="checkbox"/> ACCS Full Test	_____	<input type="checkbox"/> Pile Height	_____
<input type="checkbox"/> Cold Water Staining	_____	<input type="checkbox"/> Pile Thickness	_____
<input type="checkbox"/> Delamination	_____	<input type="checkbox"/> Soiling Propensity	_____
<input type="checkbox"/> Dimensional Stability to:	_____	<input type="checkbox"/> Staining Propensity	_____
<input type="checkbox"/> Mechanical Action	_____	<input type="checkbox"/> Static General Stroll Test	_____
<input type="checkbox"/> To Heat	_____	<input type="checkbox"/> Static Loading	_____
<input type="checkbox"/> To Humidity	_____	<input type="checkbox"/> Tuft Bind	_____
<input type="checkbox"/> To Water	_____	<input type="checkbox"/> Tufts/10cm	_____
<input type="checkbox"/> To Heat & Water - Combined	_____	<input type="checkbox"/> Weight Loss (Abrasion)	_____
<input type="checkbox"/> Dynamic Loading	_____	<b>Resilient Floor Covering</b>	
<input type="checkbox"/> Electrical Resistance	_____	<input type="checkbox"/> ISO 4760 - Topical Moisture Resistance	_____
<input type="checkbox"/> Bulk	_____	<input type="checkbox"/> Slip Resistance   <input type="checkbox"/> Dry <input type="checkbox"/> Wet	_____
<input type="checkbox"/> Surface	_____	<input type="checkbox"/> Spillage Test	_____
<input type="checkbox"/> Combined	_____	<b>Colourfastness</b>	
<input type="checkbox"/> Extractable Matter from Carpets	_____	<input type="checkbox"/> Light	_____
<input type="checkbox"/> Fibre Loss - Tetrapod	_____	<input type="checkbox"/> Photobleaching	_____
<input type="checkbox"/> Fuzzing & Pilling (Usometer)	_____	<input type="checkbox"/> Rubbing	_____
<input type="checkbox"/> Hexapod   <input type="checkbox"/> 1500 <input type="checkbox"/> 8000 <input type="checkbox"/> 12000	_____	<input type="checkbox"/> Shampooing	_____
<input type="checkbox"/> Hot Water Texture Change	_____	<input type="checkbox"/> Water	_____
<input type="checkbox"/> Mass/Area Pile (by dissection)	_____		
<input type="checkbox"/> Mass/Area (Shorn Pile Weight)	_____		
<b>Special Instructions</b>			
_____			
_____			

Authorised Signature: \_\_\_\_\_