

**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: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <th style="padding: 2px;">LAB USE ONLY</th> </tr> <tr> <td style="padding: 5px;">Date Received: _____</td> </tr> </table>	LAB USE ONLY	Date Received: _____
LAB USE ONLY			
Date Received: _____			

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

Invoice to (as above): <input type="checkbox"/> Yes <input type="checkbox"/> No (please specify)	Contact Person: _____
Company Name: _____	Telephone: _____
Address: _____	Email: _____

**Sample Information (mandatory)**

Sample Description: _____ Colour: _____
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**AS/NZS 4546:2004 – SPECIFICATION FOR WOVEN WOOL PACKS FOR GREASY WOOL**

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

<input type="checkbox"/> HDPE Woolpack Full Test	<input type="checkbox"/> Nylon Woolpack Full Test
<input type="checkbox"/> Breaking Force	<input type="checkbox"/> Breaking Force
<input type="checkbox"/> Seam Strength	<input type="checkbox"/> Seam Strength
<input type="checkbox"/> Fibrillation	<input type="checkbox"/> Adhesion of Wool to Anti-slip
<input type="checkbox"/> Adhesion of Wool to Anti-slip	<input type="checkbox"/> Bending Length
<input type="checkbox"/> Surface Frictional Properties	<input type="checkbox"/> Surface Frictional Properties
<input type="checkbox"/> Handling Resistance	<input type="checkbox"/> Breaking Force After UV Exposure
<input type="checkbox"/> Tear Strength	<input type="checkbox"/> Tear Strength
<input type="checkbox"/> Design & Construction	<input type="checkbox"/> Design & Construction
<b>Other Test / Special Instructions:</b>	
_____ _____	

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