

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: _____	Classification of Material: <input type="checkbox"/> Class F <input type="checkbox"/> Class
Return Sample: <input type="checkbox"/> Yes <input type="checkbox"/> No	

HI-VIS GARMENTS & DELINEATION DEVICES

Test Required (please tick appropriate boxes)

<p>Garments</p> <input type="checkbox"/> AS 4602.1:2024 <input type="checkbox"/> AS/NZS 4602.1:2011 <input type="checkbox"/> TTMC-W23 <input type="checkbox"/> NZFOA <p>Fabric</p> <input type="checkbox"/> AS/NZS 1906.4 Full Test <input type="checkbox"/> Class F <input type="checkbox"/> Class NF Including Wet Test: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Chromaticity & Luminance (Dry) <input type="checkbox"/> Chromaticity & Luminance (Wet) <input type="checkbox"/> Chromaticity & Luminance After UV (Dry) <input type="checkbox"/> Chromaticity & Luminance After UV (Wet) <input type="checkbox"/> Colourfastness to Washing (Test L2) <input type="checkbox"/> Colourfastness to Perspiration <p>Other Test / Special Instructions:</p> _____ _____ _____ _____	<p>Retroreflective Tape (sub-contracted)</p> <input type="checkbox"/> AS/NZS 1906.4 Full Test <input type="checkbox"/> Class R <input type="checkbox"/> Class RF <input type="checkbox"/> Clause 3.3 Photometric Performance <input type="checkbox"/> Clause 3.4 Daytime Colour Test <input type="checkbox"/> Clause 3.5.2 CIL After UV <input type="checkbox"/> Clause 3.5.3 CIL After Washing <input type="checkbox"/> Clause 3.5.4 Abrasion <input type="checkbox"/> Clause 3.5.5 Raised Temperature <input type="checkbox"/> Clause 3.6 Resistance to <input type="checkbox"/> Clause 3.7 Resistance to Cold Flexing <input type="checkbox"/> Clause 3.8 Rainfall Performance <p>Delineation Devices</p> <input type="checkbox"/> Road Cone Full Test <input type="checkbox"/> Including Reflective Collar <input type="checkbox"/> Tubular Full Test <input type="checkbox"/> Including Reflective Collar <input type="checkbox"/> Road Cone Bar Full Test <input type="checkbox"/> Including Reflective Collar <input type="checkbox"/> Chromaticity & Luminance <input type="checkbox"/> Reflective Collar <input type="checkbox"/> Retest at 36 Months Previous Report No.: _____
---	---

Authorised Signature: _____