

# RESPIREX TESTING LABORATORY

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## ANALYSIS REQUEST FORM for PHYSICAL TESTING

Contact Name			
Company			
Address			
Telephone		Fax:	
E-mail			

Fabric type: (please indicate machine and cross directions)			
Colour:			
Is fabric reversible?	Yes	No (please mark outer surface)	
Part or identity number:			
Order number:			
Test method: (Tick all that apply)	ISO 7854:1997	ISO 13934-1:1999	ISO 9073-4:1997
	EN 530:1995	ISO 13935-2:1999	EN 863:1996
	Other (please specify)	Other (please specify)	Other (please specify)
Tests required: (please provide as much information as possible)			

Please complete one analysis request form for each sample.  
 Estimated turnaround time will follow on receipt of analysis request form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed forms and samples to:  
 Helen Keogh, Respirex Testing Laboratory, Unit F Kingsfield Business Centre, Philanthropic Road, Redhill,  
 Surrey RH1 4DP