

# RESPIREX TESTING LABORATORY

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## ANALYSIS REQUEST FORM for PERMEATION TESTING

Contact Name			
Company			
Address			
Telephone		Fax:	
E-mail			

Fabric type: (if gloves indicate homogeneity)			
Colour:			
Is fabric reversible?	Yes	No (please mark outer surface)	
Part or identity number:			
Order number:			
Test method: (Tick all that apply)	EN 374-3:2003	ISO 6529:2001	ASTM F739-07
	Other (please specify)	Set of 3 tests with each chemical	Single scan test
Tests required: (please provide as much information as possible i.e. challenge chemical, concentration, CAS no. etc)			

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