

TEST ORDER FORM**ASTM D3690**

SGS Govmark Testing Services provides test information forms online for your convenience. The forms are in PDF format and require Adobe® Reader® to view or print. If you do not have the full version of Adobe® Acrobat®, kindly fax the completed test order form to us, or scan the form and email it to us. Be sure to enclose a copy of this completed test order form along with your samples.

Please complete a separate form for each product submitted.

TEST(S) REQUESTED: Please select the test(s) you require.

1. Breaking Force (Tensile Strength): ASTM D5034
2. Tongue Tear Strength: CFFA 16, Method B (FTM 5134)
3. Tack-Tear Resistance: ASTM D751
4. Adhesion of Coating to Substrate: ASTM D751
 - a.) Initial Test
 - b.) Test after 15 days of Hydrolytic Stability Exposure @ 158°F and 98% RH
5. Surface Abrasion: ASTM D4157
 - a.) Initial Test, 200 cycles, evaluated for color change
 - b.) Test after 15 days of Hydrolytic Stability Exposure @ 158°F and 98% RH. 25,000 cycles
6. Resistance to Flexing: ASTM D2097
 - a.) Initial Test
 - b.) Test after 15 days of Hydrolytic Stability Exposure @ 158°F and 98% RH
7. Blocking at Elevated Temperature: CFFA 4 (FTM 5872)
8. Resistance to Cracking at Low Temperature: ASTM D 2136
9. Colorfastness to Crocking, Wet & Dry: AATCC 8 or AATCC 116
10. Colorfastness to Light, 120 hours: AATCC 16, Option 3
11. Loss of Plasticizer (Volatility): ASTM D1203, Method A
12. Flammability **

* ASTM D3690 is ambiguous. SGS Govmark's interpretation is that ASTM D3884 is intended.

** No specific flammability test cited, but as agreed upon between the purchaser and the supplier (except when regulated by applicable government mandatory standards).

PRODUCT DESCRIPTION: The report that is issued by SGS Govmark is based on your product description.

Please describe your product as completely as possible.

Suggested parameters include but are not limited to:

Style:

Fiber Content:

Finish:

Fabric Weight:

Color (for color oriented tests):

Product End Use:

Additional Information:

DO YOU REQUIRE YOUR SAMPLES TO BE RETURNED TO YOU: NO, YES CARRIER:
ACCOUNT #:

LITIGATION: We need to know if the test is part of a lawsuit.

IS THIS TESTING PART OF ANY ACTUAL OR INTENDED LEGAL ACTION, CLAIM, OR SIMILAR ACTION? NO*, YES

**Failure to answer will be considered "no".*

CLIENT'S P.O. #: Optional. Only required if it is related to the proper processing of our invoice to you for payment.

SPECIAL INSTRUCTIONS: All special instructions contained in your purchase order, such as testing modifications, extra report copies, invoice distribution, etc., must be repeated on this test order form.

Testing will be conducted as directed by this test order form which supersedes the purchase order.

COMPANY DATA: Please complete all three columns. Where appropriate, "same" may be entered in Columns 2 and 3. Unless otherwise instructed, all reports will be sent to the company identified in Column 1.

1. COMPANY SUBMITTING SAMPLE 2. COMPANY TO APPEAR ON REPORT 3. COMPANY BILLING ADDRESS

Person's Name:

Company Name:

Address:

Telephone #:

E-mail:

CLIENT UPDATE (OPTIONAL):

Existing account, New account

In a few words, what brought you to SGS Govmark?

SEND SAMPLES TO:

**SGS GOVMARK
96 ALLEN BOULEVARD, SUITE D
FARMINGDALE, NY 11735 U.S.A.**

Federal EIN # 27 4458985
Tel. +1 631-293-8944
Fax +1 631-293-8956
E-mail: rosemary.billelo@sgs.com

Samples that are received without appropriate information may be delayed in testing pending receipt of such information.

NAME OF PERSON COMPLETING FORM:

DATE:

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TESTING AND CERTIFICATION COMPANY.**

WHEN YOU NEED TO BE SURE

SGS