

TEST ORDER FORM

IOS-PRF-0047 & IOS-PRF-0048 (IKEA CA TB 117-2013)

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.

COMPONENT IDENTIFICATION FORM (SECTIONS 1 & 2)

SAMPLE IDENTIFICATION: For each component submitted, the identification must contain:

SECTION 1: COVER MATERIALS

Material producer:

Material identification (type of material such as main composition, physical characteristics, colour, treatment):

Identification code:

Material batch
number or equivalent:

How and where the
sample was taken:

SECTION 2: BARRIER MATERIALS

Material producer:

Material identification (type of material such as main composition, physical characteristics, colour, treatment):

Identification code:

Material batch
number or equivalent:

How and where the
sample was taken:

NOTE: IKEA requires that the cover material and filling material pass the test.

During development, IKEA will allow the use of a barrier material only when the cover fabric is unable to pass the test or when the cover fabric is to be fitted at a later date.

Filling materials must be fully compliant at all times.

COMPONENT IDENTIFICATION FORM (SECTION 3)

SECTION 3: RESILIENT FILLING MATERIALS

Material producer:

Material identification (type of material such as main composition, physical characteristics, colour, treatment) and its identification code:

Identification code:

Material batch
number or equivalent:

How and where the
sample was taken:

Ticking (For Loose Fill
Submittals):

SECTION 3: LOOSE FILLING MATERIALS

Material producer: Loose Fill:
 Cover Ticking:

Material identification (type of material such as main composition, physical characteristics, colour, treatment) and its identification code: Loose Fill:
 Cover Ticking:

Identification code:

Material batch
number or equivalent:

How and where the
sample was taken:

Ticking (For Loose Fill
Submittals):

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COMPONENT IDENTIFICATION FORM (SECTION 4)

SECTION 4: DECKING

Material producer:

Material identification (type of material such as main composition, physical characteristics, colour, treatment) and its identification code:

Identification code:

Material batch number or equivalent:

How and where the sample was taken:

NOTE: IKEA requires that the cover material and filling material pass the test.

During development, IKEA will allow the use of a barrier material only when the cover fabric is unable to pass the test or when the cover fabric is to be fitted at a later date.

Filling materials must be fully compliant at all times.

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:

IKEA: Send an electronic copy of the test report/s to IKEA:

Zhen Guo, Email: zhen.guo1@ikea.com

Rana Rasheed, Email: rana.rasheed@ikea.com

Other (Name and Email):

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 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:

GOVMARK IS NOW PART OF SGS, THE WORLD'S LEADING INSPECTION, VERIFICATION, TESTING AND CERTIFICATION COMPANY.