



TEST ORDER FORM

APPAREL & APPAREL FABRICS (CHILDREN'S SLEEPWEAR)

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: CHILDREN'S SLEEPWEAR: 16 CFR 1615 (sizes 0-6X), 16 CFR 1616 (sizes 7-14)

PRODUCT TO BE TESTED:

Fabric	Garment
Initial (as received)	Initial (as received)
After 50 launderings	After 1 laundering
Prototype Seam	After 50 launderings
Prototype Trim	

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".

SEE "TEST ORDER FORM" PAGE 2 FOR "PRODUCT DESCRIPTIONS"

FABRIC TEST:

DESCRIPTION OF SAMPLE BEING SUBMITTED: Please describe product as completely as possible.

As a minimum, the below listed categories should be filled in.

1. Fabric Fiber Content:
2. Fabric Weight: oz/yd², oz/ly
3. Width (inches):
4. Count:
5. Fabric Color/Pattern:
6. Finish:
7. Fabric Style: (e.g.: Jersey, tricot, flannel, quilt, etc.)
8. Number of yards in production lot: (Maximum 5,000 yards)

NOTE: Government regulations require that you retain in your files 15 specimens which are exact duplicates of those you submit for testing.

GARMENT TEST:

DESCRIPTION OF SAMPLE BEING SUBMITTED: Please describe product as completely as possible.

As a minimum, the below listed categories should be filled in.

- Garment Style #: GPU #:
- Number of dozens in production lot: (Maximum 500 dozen)

GARMENT COMPONENTS:

BASE FABRIC IDENTIFICATION:

1. Fabric Supplier:
2. Fabric Fiber Content:
3. Fabric Color/Pattern:
4. Fabric Style Name/Number:

LONGEST SEAM IDENTIFICATION:

1. Seam Type:
2. Thread Supplier:
3. Thread Fiber Content:
4. Thread Style:
5. Number of Stitches/Inch:

NOTE: Government regulations require that you retain in your files one garment of each style that you make.

PROTOTYPE SEAM TEST:

DESCRIPTION OF SAMPLE BEING SUBMITTED: Please describe product as completely as possible.

As a minimum, the below listed categories should be filled in.

BASE FABRIC IDENTIFICATION:

1. Fabric Supplier:
2. Fabric Fiber Content:
3. Fabric Color/Pattern:
5. Fabric Weight oz/yd²:
4. Fabric Style Name/Number:

SEAM IDENTIFICATION:

1. Thread Supplier:
2. Thread Fiber Content:
3. Thread Style:
4. Seam Type:
5. Number of Stitches/Inch:

NOTE: Government regulations require that you retain in your files 15 specimens which are exact duplicates of those you submit for testing.

PROTOTYPE TRIM TEST:

DESCRIPTION OF SAMPLE BEING SUBMITTED: Please describe product as completely as possible.

As a minimum, the below listed categories should be filled in.

BASE FABRIC IDENTIFICATION:

1. Fabric Supplier:
2. Fabric Fiber Content:
3. Fabric Color/Pattern:
4. Fabric Style Name/Number:

TRIM IDENTIFICATION:

1. Trim Supplier:
2. Trim Type:
3. Attachment:

NOTE: Government regulations require that you retain in your files 15 specimens which are exact duplicates of those you submit for testing.

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:

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