



# RR Lab – Textile Testing & Inspection Services

(ISO 9001:2015 Certified Laboratory)

2A, Sastri Nagar, 2<sup>nd</sup> Street, Angeripalayam Road (Near Lux Company), Tirupur – 641 602

Tel: 0421 – 4540103/ Mobile: 98422 77454/ Email: [rmlab2013@gmail.com](mailto:rmlab2013@gmail.com)/ [info@rrlab.in](mailto:info@rrlab.in)

vWebsite: [www.rrlab.in](http://www.rrlab.in)



## Test Request Form

Supplier Name: \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Phone/ Mobile: \_\_\_\_\_  
 Mail Id : \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Mobile No : \_\_\_\_\_  
 GST No : \_\_\_\_\_  
 Order No : \_\_\_\_\_  
 Style No : \_\_\_\_\_  
 Buyer/ Country: \_\_\_\_\_  
 Brand Name : \_\_\_\_\_  
 Buying Office : \_\_\_\_\_  
 End Use : \_\_\_\_\_  
 Season : \_\_\_\_\_  
 Description : \_\_\_\_\_  
 Fabric/ GSM : \_\_\_\_\_  
 Colour : \_\_\_\_\_

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

Report No: \_\_\_\_\_

Sample Description:

-Yarn  - Fabric  - Garment  - Others

-Water  - Accessories  - Home Textile

### Wash care instruction



FLAT -  TUMBLE -  LINE DRY

Comments: \_\_\_\_\_

Tests (s) required: (Please tick boxes) Testing Standards:  ISO  AATCC  ASTM  Others

COLOR FASTNESS TEST	PHYSICAL TEST	ECO TEST
<input type="checkbox"/> Washing <input type="checkbox"/> Crocking/ Rubbing <input type="checkbox"/> Perspiration <input type="checkbox"/> Water <input type="checkbox"/> Sea Water <input type="checkbox"/> Chlorinated Water <input type="checkbox"/> Dry Cleaning <input type="checkbox"/> Print Durability <input type="checkbox"/> 1 <sup>st</sup> Wash <input type="checkbox"/> 2 <sup>nd</sup> Wash <input type="checkbox"/> 3 <sup>rd</sup> Wash <input type="checkbox"/> Hot Pressing <input type="checkbox"/> Saliva <input type="checkbox"/> Cross Staining <input type="checkbox"/> Bleaching <input type="checkbox"/> Light  <input type="checkbox"/> pH Test <input type="checkbox"/> PVC Test <input type="checkbox"/> Fibre Composition <input type="checkbox"/> Care Label <input type="checkbox"/> Recommendation/ Verification  <b>Water Analysis</b> <input type="checkbox"/> Total Hardness <input type="checkbox"/> Total Dissolved Solids (TDS) <input type="checkbox"/> Chlorides <input type="checkbox"/> pH	<input type="checkbox"/> Dimensional stability to washing <input type="checkbox"/> Spirality to washing <input type="checkbox"/> 1 <sup>st</sup> Wash <input type="checkbox"/> 2 <sup>nd</sup> Wash <input type="checkbox"/> 3 <sup>rd</sup> Wash <input type="checkbox"/> Appearance after washing (Laundering) <input type="checkbox"/> GSM (Weight Per Unit area) <input type="checkbox"/> Yarn Wise % <input type="checkbox"/> Full roll analysis (Trial) <input type="checkbox"/> Warp & Weft (Pick/ Ends per inch) <input type="checkbox"/> TPI <input type="checkbox"/> Martindale Pilling <input type="checkbox"/> Loop Length (Knits) <input type="checkbox"/> Gauge Analysis/ Dia Analysis <input type="checkbox"/> Lycra Percentage <input type="checkbox"/> Lycra Denier <input type="checkbox"/> ICI Pilling <input type="checkbox"/> Martindale Abrasion <input type="checkbox"/> Yarn Count <input type="checkbox"/> Yarn Strength <input type="checkbox"/> CSP (Count Strength Product) <input type="checkbox"/> Bursting Strength <input type="checkbox"/> Tearing Strength <input type="checkbox"/> Tensile Strength <input type="checkbox"/> Stretch and Recovery	<input type="checkbox"/> AZO Free <input type="checkbox"/> Phthalates <input type="checkbox"/> Heavy Metals <input type="checkbox"/> Formaldehyde <input type="checkbox"/> Nickel Release <input type="checkbox"/> Lead Content <input type="checkbox"/> Npeo & Apeo  <input type="checkbox"/> Odour Test <input type="checkbox"/> Smoothness Appearance <input type="checkbox"/> Water Absorbency <input type="checkbox"/> Button Attachment strength <input type="checkbox"/> Seam Slippage/ Strength <input type="checkbox"/> Flammability (16 CFR 1610) <input type="checkbox"/> Wicking Test <input type="checkbox"/> Zipper Durability <input type="checkbox"/> Grey Fabric Analysis (Knitted)
		OTHER TESTS
		<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Sample Return:  Yes  No

Service Required:  Regular  Express  Shuttle

Test Start Date: \_\_\_\_\_ No of Sample : \_\_\_\_\_  
 Test End Date : \_\_\_\_\_ Est Amount : \_\_\_\_\_

Office Use Only : \_\_\_\_\_  
 Received By : \_\_\_\_\_ Report Received By : \_\_\_\_\_  
 Date : \_\_\_\_\_ Name : \_\_\_\_\_  
 Time : \_\_\_\_\_ Mobile : \_\_\_\_\_  
 Sign : \_\_\_\_\_ Sign : \_\_\_\_\_  
 Date : \_\_\_\_\_ Date : \_\_\_\_\_

Sample Submitted by:

Mob No : \_\_\_\_\_  
 Name : \_\_\_\_\_  
 Sign : \_\_\_\_\_

Remarks:

General Comments: