

ASTM D3690

***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).

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**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".

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

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**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.*

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**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)	(2)	(3)
	COMPANY SUBMITTING SAMPLE	COMPANY TO APPEAR ON REPORT	COMPANY BILLING ADDRESS
Person's Name:			
Company Name:			
Address:			
Telephone #:			
E-mail:			

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**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](mailto: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:** \_\_\_\_\_