

APPAREL & APPAREL FABRICS (CHILDREN'S SLEEPWEAR)

Please complete a separate form for each product submitted.

TEST REQUESTED: Children's Sleepwear: 16 CFR 1615 (sizes 0-6X); 16 CFR 1616 (sizes 7-14)

PRODUCT TO BE TESTED:

- | | |
|--|--|
| <input type="checkbox"/> Fabric | <input type="checkbox"/> Garment |
| <input type="checkbox"/> Initial (as received) | <input type="checkbox"/> Initial (as received) |
| <input type="checkbox"/> After 50 launderings | <input type="checkbox"/> After 1 laundering |
| <input type="checkbox"/> Prototype Seam | <input type="checkbox"/> After 50 launderings |
| <input type="checkbox"/> 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" Pages 2 – 3 for "Product Descriptions"

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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 a 1/2 yard sample adjacent to the piece that 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.*

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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: _____
- 4. Fabric Weight oz/yd²: _____
- 5. 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.*

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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.*

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)	(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**

SAMPLES THAT ARE RECEIVED WITHOUT APPROPRIATE INFORMATION MAY BE DELAYED IN TESTING PENDING RECEIPT OF SUCH INFORMATION.

NAME OF PERSON COMPLETING FORM: _____

DATE: _____