

UPF TESTING FORM

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CONTACT INFORMATION Company Name:_____ Contact Name: Title: Street Address: State:_____ Zip:_____ Country: _____ Telephone: _____ Fax: _____ Quotation #: _____ Number of Sample to be Tested:_____ **STANDARDS** Check all that apply AS/NZS4399 **Australian / New Zealand Standard:** Sun protective clothing - Evaluation and Classification AATCC 183 American Standard: Transmittance Or Blocking Of Erythemally Weighted Ultraviolet Radiation Through Fabrics EN 13758-1 **European Standard:** European Standard For Sun-Protective Clothing GBT18830-2009 Chinese Standard: Textiles – Evaluation for Solar, UV, Radiation Protective Properties **TEST DATA** Formal Certificate Required? Yes □ No

Data file will be provided at no extra charge.



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SAMPLE INFORMATION

Sample No.	Sample Description and Materia	al Type Sampl	e Color	Sample ID
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
ETURN INFOF	PMATION .			
ETUNIN IINFUR	NUALIUN			
the sample to	be returned: Serv	ice: Overnight	☐ 2nd Day	Groun

Is the sample to be returned: Service: Overnight 2nd Day Ground Shipping Account #: (If Necessary)

Credit Card #:_____ Expiration:____ CVV:______

(Call this in if you prefer)

PO #: (Approval Required)_____