



URBN Test Request Form – OWN BRAND or MARKET BRAND

Sales Executive: Katherine Stein

Account Manager: Ellen Rose

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| Division: <input type="checkbox"/> Urban Outfitters <input type="checkbox"/> Anthropologie <input type="checkbox"/> Free People <input type="checkbox"/> BHLDN | |
| Product Type: <input type="checkbox"/> Own Brand <input type="checkbox"/> Market Brand | |
| CONTACT PERSON: | |
| VENDOR: | EMAIL: |
| ADDRESS: | |
| PHONE: | FAX: |
| REPORTS TO: | |
| BILL TO: | |
| ADDRESS: | |
| SAMPLE DESCRIPTION: | END USE: |
| COLOR: | SUPPLIER #: |
| STYLE #: | PO# / REF#: |
| MFG: | COUNTRY OF ORIGIN: |
| FIBER CONTENT: | COUNTRY OF DESTINATION: <input type="checkbox"/> US & CA <input type="checkbox"/> UK & EU |
| FABRIC: | <input type="checkbox"/> OTHER |
| DYE/WASH: | WEIGHT: |
| CONSTRUCTION: | COUNT: |
| Fabric/Garment Characteristics : <input type="checkbox"/> Open Weave <input type="checkbox"/> Heavy Bleach <input type="checkbox"/> Heavy Wash <input type="checkbox"/> Garment Dye <input type="checkbox"/> Pile Fabric (check box if applicable) <input type="checkbox"/> Embellishments <input type="checkbox"/> styles with pockets, loops or tabs <input type="checkbox"/> Swim | |
| VENDOR PROPOSED CARE INSTRUCTION: (Must be filled in below in order for testing to start) | |
| SPECIAL COMMENTS/ INSTRUCTIONS: | |
| OWN BRAND Package Test: (double click on box, select "check") <input type="checkbox"/> ADULT <input type="checkbox"/> CHILDREN | |
| <input type="checkbox"/> URB001 Woven Fabric Package <input type="checkbox"/> URB002 Knit Fabric & Sweater Package <input type="checkbox"/> URB003 Denim Fabric Package <input type="checkbox"/> URB004 Leather Fabric Package <input type="checkbox"/> URB0012 MVMT Knit Fabric Package <input type="checkbox"/> URB0013 MVMT Woven Fabric Package <input type="checkbox"/> URB005 Woven Garment Package <input type="checkbox"/> URB006 Knit Garments & Sweater Package <input type="checkbox"/> URB009 Leather, Vinyl Garment Package <input type="checkbox"/> URB010 Faux Leather Garment Package <input type="checkbox"/> URB011 Foundations & Swimwear Garment Package | <input type="checkbox"/> URBCW005 Children's Woven Garment Package <input type="checkbox"/> URBCW006 Children's Knit & Sweater Garment Package <input type="checkbox"/> URBCW007 Children's Non Washed Denim Garment Package <input type="checkbox"/> URBCW008 Children's Washed Denim Garment Package <input type="checkbox"/> Reduced Quantity Package (production less than 1000 pcs) <input type="checkbox"/> Face Masks <i>Please list SGS fabric report # for passing flammability test</i> SGS Fabric Test Report #: _____ Date: _____ |
| MARKET BRAND Package Test: (double click on box, select "check") <input type="checkbox"/> ADULT <input type="checkbox"/> CHILDREN | |
| <input type="checkbox"/> Retest: Previous SGS Report Number: _____ Date: _____ | |

**INDIVIDUAL TESTS:****COLORFASTNESS:**

- ☐ CROCKING
- ☐ LAUNDERING
- ☐ NON-CHLORINE BLEACH
- ☐ SEA / POOL WATER
- ☐ PERSPIRATION
- ☐ LIGHT HRS. EXPOSURE

DIMENSIONAL STABILITY:

- ☐ LAUNDERING- 3 cycles
- ☐ TUMBLE DRY/ FLAT DRY/ LINE DRY
- ☐ DRYCLEANING
- ☐ STEAM PRESS
- ☐ APPEARANCE AFTER LAUNDERING
- ☐ APPEARANCE AFTER DRYCLEANING
- ☐ SKEWING

MICROSCOPY:

- ☐ FIBER COMPOSITION

PHYSICAL:

- ☐ FABRIC WEIGHT
- ☐ THREAD COUNT
- ☐ YARN SIZE
- ☐ SEAM STRENGTH
- ☐ BURSTING
- STRENGTH**
- ☐ SEAM SLIPPAGE
- ☐ Martindale -1,000 cycles (brushed fabrics only)
- ☐ COMPONENT
- STRENGTH** (snaps, buttons, etc)
- ☐ STRETCH AND RECOVERY

OTHER (please specify)

☐**FLAMMABILITY:**

- ☐ WEARING APPAREL 16 CFR 1610
- ☐ 16 CFR 1610 / 16 CFR 1611 (Tight fitting Sleepwear)
- ☐ 16 CFR 1615 / 16 CFR 1616 (Loose Fitting Sleepwear)

RSL TESTING CATEGORY:

- ☐ Plastics and Synthetic Materials PU, PVC, Rubber, TPU, TPR, EVA
- ☐ Textiles and fabric from natural fibers
- ☐ Textiles and fabric from synthetic Fibers
- ☐ Paints/Coatings/Surface Prints
- ☐ Leather
- ☐ Synthetic Leather (PU, PVC)
- ☐ Metal Parts
- ☐ Adhesives
- OTHER** (please specify)

☐

- ☐ Label Review
- ☐ CPSIA

SUPPLIER SIGNATURE:**DATE:**

NOTE: Applicant is hereby authorizing SGS to provide a copy of the lab test results to Client

Service Required: ☐ **Regular (5 days)** ☐ **Express (3 days): Surcharge: US: 50% Asia: 40%**
☐ **Return Residual Sample, VENDOR'S COURIER ACCOUNT # FOR SAMPLE RETURN:**

SGS North America, Inc. 291 Fairfield Ave. Fairfield, NJ 07004 (800) 777-TEST (8387) www.sgs.com

Client Confirmation: We confirm that the above information is complete and understand that the performance of the services described are governed by the SGS General Conditions of Service (printed overleaf, or attached hereto, or available at <http://www.sgs.com/en/Terms-and-Conditions.aspx>)