

UPF TESTING FORM

Page 1 of 2 Rev B - October 2021

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.



UPF TESTING FORM

Page 2 of 2 Rev B - October 2021

SAMPLE INFORMATION			
Sample No.	Sample Description and Material Type	Sample Color	Sample ID
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
SPECIAL INSTE	RUCTIONS		

RETURN INFORMATION Is the sample to be returned: Service: Overnight 2nd Day Ground Shipping Account #: (If Necessary) Payment Information: MasterCard Visa Amex Discover Credit Card #: Expiration: CVV: (Call this in if you prefer)