

The form below is going to be filled up by the company which has requested the test.

Company/Organization/ Person name				
Address				
Telephone			Fax	
Receipt information	(1) Company/Organization/ Person name	Tax office / Number		ID number (if person)
Sample description				
Tests/Analysis Method / Standard requested				
Reporting language	Turkish [ ]		English [ ]	
Report delivery procedure	By hand [ ]	Mail [ ]	Fax [ ]	Shipping [ ]
Receipt delivery procedure	By hand [ ]	Mail [ ]	Shipping [ ]	Special-delivery mail [ ]
*It is obligated to specify the standard/method for the test/analysis requested. Otherwise it is going to be performed by the standard/method which is determined by Ege University Textile and Apparel Research-Application Center.				
I submit you to perform the analysis I mentioned above for the samples I delivered to the Ege University Textile and Apparel Research-Application Center Management Office. <p style="text-align: right;">Sincerely,</p>  Name, signature and the seal of authorized person				

(1)For the invoice it is obligated to indicate the name-surname of the person or superscription of the company/organization to whom it is going to be made out.

**EGE UNIVERSITY TEXTILE and APPAREL  
RESEARCH-APPLICATION CENTER  
WASHING LABORATORY**

**TEST REQUEST FORM**

It is going to be filled out by Ege University Textile and Apparel Research-Application Center Management Office.

Registration Number /  
Date:

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