

Antimicrobial Lab Test Request Form	 SILVERbac TM <i>Product Protection For Life</i>
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Date		Contact Name		
Company Name		Phone		
Company Address				
Email		Main contact at NTH		
Test Lab		Test Lab Address		
Sample Carrier/ Shipping Company		Sample Tracking/AWB#		Date Shipped
Test Lab Invoice to:		Test Lab send results to:		
Copy Invoice to:	finance@nth-ltd.com	Copy results to:	info@nth-ltd.com	

Specifications of the product for testing

Textiles			Non Textiles		
Product Description			Product Description		
Fiber content			Material		
SILVERbac content (%)			Composition		
Weight	GSM	Piece	SILVERbac content (%)		
Fabric finishing chemicals (softeners, etc..)					
Test Code Number (to be entered by NTH)			Required Testing Method		
Factory Code Number (if any)			Urgent		24 hours
Final Customer (retailer, brand)			Standard		5 days
Destination Country					
Notes			Remarks		