



Riverina Wool Testers

12 Cheshire Street Wagga Wagga NSW 2650

www.wooltesters.com.au

Ph: (02) 69251407 Fax: (02) 69251438 Email: rwt@wooltesters.com.au

Accredited Member of International Association of Wool Textile Laboratories

Alpaca & Mohair Test Request Form

Trading Name: _____ Contact Name: _____ Address: _____ _____ Postcode: _____ Phone: _____ Fax: _____ Email: _____	Date In Date Results Required By If no date is given samples will be processed within RWT standard turnaround times.
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MOB DESCRIPTION(S) eg. Grey Herd	Approx No. of samples	Sample IDs		FDD / Micron	Histograms
		ID Numbers	ID Names	Premium Test 2000 count	
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Notes

Please indicate if your samples have ID Numbers or ID Names.
 ID Numbers apply to samples where the ID is a number only.
 ID Names apply to samples when a name is used (ie Supernova)

All tests are a Premium Test 2000 count with histograms included
 Premium Test 2000 count - 2000 snippets/fibres measured, includes FD, SD, CV, Spin Fine, Curv, % > 30.5, Comfort Factor

Are You an Existing Client of RWT? YES / NO
 Email of Results Required? (including histograms) YES / NO
 Do you Require a Hard Copy of report? YES / NO
 Fax of Results Required? YES / NO
 Extra Copy of Report Required? (charges apply) YES / NO
 Sample Bags Required? YES / NO Number of bags _____

I give permission for my contact to have access to my results Yes / No Email Post
 Signed _____
 Contact Name _____ Contact Email _____
 Contact Address _____