

**Sample Submittal Form** – **ISOTOPE (Origin)**

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| Minimum | Down & Feather: **100g** |  | **[ ] Return Sample***(Shipping & handling charges apply)* | **Send Reports by:***(Hardcopy is extra Fee)* | **[ ]** Email**[ ]** Fax**[ ]** Hardcopy |
| Sample | Wool**: 100g** |  |  |  |  |
| Size | Fabric: **1 m2** |  |  |  |  |
|  | Finished Product: **Entire Product** |  |  |  |  |
| **[ ] Client Agreement attached – *Required for new clients.*****[ ] Detailed Client Info Page attached –** *Required if payer is different or information will not fit below***[ ] Client Testing Protocol attached –** HW *will follow for testing* |
| Applicant Contact Person |  | **Email Report****to** |  |
| Applicant Company |  |  |  |

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| **SAMPLE IDENTIFICATION / DESCRIPTION** |  |  | **EXPECTED VALUES** |
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| Isotope Testing helps to determine the origin by region and/or country of natural fibers (such as down and feathers, cotton, wool, etc)Please provide as much information about material as possible to assist HW in accurate location identificationHW is continually updating its database with “authentic” samples. Authentic samples are:* Material where location is 100% known
* Pure materials (NOT mixed with other materials)

**NOTE: Species test is required for Isotope testing.** |  |

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| Expected Origin of material |  |
| If origin location is known please give exact location farm name, city, state, country, etc. |  |
| Species |  |
| Age of Birds |  |
| Describe Feed (Natural Local or Prepared) |  |
| Describe Water Source |  |



**DETAILED CLIENT INFO**

**(*USE with any Sample Submittal Form)***

**Instructions**

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| 1. **When to use this form?**
	* more information is needed for samples
	* payer is different than applicant
	* many report recipients
	* client address, contacts, etc have changed
2. New clients must also fill out Client Agreement Form
3. Contact HW for any questions
4. Please include a copy of SSF form with each sample.

*Multiple sample test forms may be used with a single Detailed Client Info Form* |  |

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| **APPLICANT CLIENT INFORMATION** |  | **Payer Information** |
| Client Company Name |  | Payer CompanyName |  |
| Choose one: | **[ ] Use standard client info for sample(s)****[ ] Use client info below for sample(s)** | Choose One: | **[ ] Use account info on file for payment****[ ] Use accounting info below for payment.** |
| Company Street Address |  | Payer StreetAddress |  |
| Company City, State, Country |  |  | Payer City, State,Country |  |  |
| Main Telephone | Main Fax |  | Payer Telephone | Payer Fax |  |
| Client ContactName |  | Payer ContactName |  |
| Client Email |  | Payer Email |  |
| **Send Reports to [ ] Applicant (listed below) [ ]  Payer** | **Send invoice to  [ ] Applicant [ ] Payer** |

**EMAIL REPORT TO ALL LISTED BELOW**

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| --- | --- | --- | --- | --- |
| **Contact Name** | **Title** |  | **Telephone** | **Email Address** |
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[ ]  Client Instructions or Client Testing Protocol are also Attached

[ ]  See Special Client Instructions below

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| **FACTORY INFORMATION** |
| **NOTE** | *Information about factory that sends sample (if different from applicant)* |
| Factory Name for this Sample |  |
| Factory StreetAddress |  |
| Factory City, State, Country |  |
| Factory Main Telephone | Main Fax |  |
| Factory Contact Name |  |
| FactoryContact Email |  |
| Other Information |  |

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| **RETAILER, BRAND-NAME, ETC** |
| **NOTE:** | *This is important if the retailer or brand have specific testing protocols with HW.* |
| Company Name |  |
| Street Address |  |
| City, State, Country |  |
| Telephone | Fax |  |
| Contact Name |  |
| Email |  |
| Other Information |  |