HOHENSTEIN

Order Form
Spectroscopy

Please download the form first & save it locally.

Earlier quotation number:

Customer:	
Company Name:	
Address:	
Country:	
VAT ID No:	Commercial register:
Contact:	
Position:	
Phone:	E-Mail:

Invoice recipient: (only to be completed, if data deviates from the customer)

Billing information:	
Billing currency in EUR	
Send bill to buyer by E-Mail:	☐ Yes (no postal dispatch) ☐ No

Information sample material: (please note differences)

Sample Description:	
Composition (%):	Fabric weight (g/m²):
Colour/s:	
Finishing:	Final use:
Style number:	Article number:
Country of origin:	Supplier:
Re-Test: ☐ No ☐ Yes, earlier report number:	
Others:	

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Testing parameters:	
UV-characteristics	**Spectroscopic measurements**
☐ **UV-protection acc. to UV STANDARD 801** acc. to General and Special Conditions ☐ incl. material certification	☐ Measurement in UV-, VIS-, IR-range: _____ nm
	☐ Welder‘s protection for UV-C-wavelength range
	☐ Total energy transmission rate (DIN EN 410, mod.)
☐ **UV-protection acc. to AS/NZS 4399** ☐ incl. material certification	☐ Determination of total luminous transmittance
	☐ Material determination of textile coatings
☐ **UV-protection acc. to DIN EN 13758-1** ☐ incl. material certification	☐
	Material
☐	Order Form – White scale / Illumination control sample
Colorimetry	☐ Hohenstein White Scales
☐ Determination of colour coordinates	☐ Illumination control checkers
☐ Determination of colour differences (CIELab, CMC)	☐
☐ Acceptance of colour differences (CIELab, CMC)	**Whiteness measurements**
☐ Visual acceptance of colour difference	☐ Determination of degree of whiteness, tint value and brightness value
☐ Determination of colour of background material (DIN EN ISO 20471, DIN EN 1150, GORT)	☐ Spectral analytical test of white textiles using the „Polaris“ system
☐ Determination of opacity (DIN 53146, mod)	☐
☐ Determination of opaqueness	**Comment**
☐	

Comments:

Order management: * days after receipt until 10:00 a.m., if technically possible ** for account of customer client			
☐ **Regular** (10 working days*)	☐ **Express** (50 % express fee**, 5 working days*)		
☐ **Report language:**	☐ DE & EN	☐ DE	☐ EN
☐ **Return of remaining test specimen**:**	☐ Yes **(chargeable)**	☐ No	
Send report by: ☐ E-Mail ☐ Postage** to: ☐ Others:	☐ Buyer (see above)	☐ Invoice recipient (see above)	

Comments:

Contact Hohenstein:	
E-Mail: customerservice@hohenstein.com	**Phone:** +49 7143 271 898

Date, City

Please confirm your acceptance by authorized Signature & Chop