



Sample Submittal Form – DOWNPROOF / FILLPROOF

Sample Size	Bulk Fabric: See Below	<input type="checkbox"/> DISCOUNT PACKAGE Add Air Permeability & Threadcount Net Fill Weight added for finished products	<input type="checkbox"/> Return Sample Shipping & handling charges apply	Send Reports by: <input type="checkbox"/> Email
	Fill Material: See Below			<input type="checkbox"/> Fax
	Finished Product: 1 piece			<input type="checkbox"/> Hardcopy
	Mock-up Panels: 2+ pieces			(Hardcopy is extra Fee)

- 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 – *IDFL will follow for testing*

Applicant Contact	Email Report to
Applicant Company	

SAMPLE IDENTIFICATION / DESCRIPTION		EXPECTED VALUES	
Origin			
Style #			
PO #			
Destination		Other _____	

RUSH SERVICE Days are <u>Business</u> days. <i>RUSH Not available on all tests</i> <input type="checkbox"/> Same Day <input type="checkbox"/> 3-Day <input type="checkbox"/> 1-Day <input type="checkbox"/> 5-Day <input type="checkbox"/> 2-Day <input type="checkbox"/> 8-10 Days	SPECIAL INSTRUCTIONS / OTHER TESTS 	TERMS By submitting samples to IDFL, Client agrees to IDFL Terms & Conditions at www.idfl.com Sample Prepared by _____ Date _____
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BULK FABRIC

*Please follow minimum sample size →
Multiple methods require additional fabric and filling*

STEP 1 - Choose Methods:

Choose Fabric Uses:

Apparel Sleeping Bag
 Bedding Other _____

Add Test Pictures to Bulk Fabric Tests

Rotating Box IDFL 20-1:2015
(Modified FTMS 191-5530)

Rotating Box IDFL 20-4:2016 (Channeled Fabric)

EN 12132-1 (Rubbing)

EN 12132-2 (Impact)

GB/T 12705.1-2009 (Rubbing)

GB/T 12705.2-2009 (Rotating Box)

GB/T 14272-2011 (Rubbing)

STEP 2 – Glue Seams:
 GB/T, IDFL 20-1, & IDFL 20-4 require glued seams

Add glue seams to EN methods

Do not glue seams for GB/T methods

Do not glue seams for IDFL 20-1 or IDFL 20-4

STEP 3 – Fill Density:

Use fill density required by test method

Use finished product fill density
(Send product or specification)

Use fill density of gm/m² _____

STEP 4 - Choose filling(s):
Multiple fillings require additional fabric

Option 1 – Client provides fills
IDFL always recommends option 1
 Client must send any synthetic fills, non-down natural fills, DWR-treated fills & other specialty fills

List fills sent with fabric

Option 2 – IDFL provides fills
IDFL only provides down/feather fills
 (blend listed is actual down cluster)

90/10 80/20 70/30 50/50

85/15 75/25 60/40 Feathers

Other fills to be provided by IDFL

STEP 5 - Choose Care Instructions →

Minimum Sample Size

Test Method	Fabric	Filling
IDFL 20-1 (Rotating Box)	2m ²	150g
EN 12132-1 (Rubbing)	2m ²	200g
EN 12132-2 (Impact)	3m ²	500g
GB 12705.1 (Rubbing)	2m ²	200g
GB/T 12705.2 (Rotating Box)	2m ²	150g
GB/T 14272 (Rubbing)	2m ²	200g

Send double fabric & filling if testing after wash or dry clean

Send additional fabric for each separate filling

CARE INSTRUCTIONS

** If no care instructions are chosen IDFL Standard will be used:*

Test AS IS - NO Laundering

Note:
 IDFL recommends laundering the fabric before filling & sewing test pillows. **At an extra cost** IDFL will wash or dry clean test pillows **after filling & sewing.**

Wash or dry clean test pillow after filling & sewing.

Test Before & After Dry Cleaning
 # of Dry Clean Cycles: _____

Test Before & After Washing
 # of Wash/Dry Cycles: _____

Choose Wash Instructions Below

Use instructions on **Care Label**

Use IDFL Standard*
Machine Wash Top Load, Warm Water, Gentle Cycle Tumble Dry Low Heat.

Describe Washing Below

Machine: Top-load Front-Load

Wash Cycle: Gentle Normal

Wash: Cold Hot

Temp: Warm Temp (°C) _____

Dryer: Low High

Temp: Medium Temp (°C) _____

Other Care Instructions

FINISHED PRODUCTS, MOCK-UPS

APPAREL

Jackets, Vests, Boots, etc.

Add Test Pictures to Apparel Tests

Test Entire Finished Products, Mock-up Products or Panels.

IDFL 20-3:2015 (Rotating Box)
Leakage amount and leakage source are reported (seams, fabric, stitch lines)

Create test pillows from products

EN 12132-1 (Rubbing)
(not recommended by IDFL)

GB/T 14272-2011 (baffle width must be 9-13cm)

IDFL recommends that Apparel be tested before and after washing ← Choose Care Instructions

BEDDING

Add Test Pictures to Bedding Tests

Finished Product, Mock-up, Panel

Small finished products & mock-ups of bedding & sleeping bags can be tested as complete units with IDFL 20-3.

IDFL 20-3:2015 (Rotating Box)

Create test pillows from products
 Test samples are cut and created from pillows, quilts and sleeping bags.

Choose one or more methods.

IDFL 20-2:2015 (Rotating Box)
 Use product fill density

EN 12132-1 (Rubbing)

EN 12132-2 (Impact)

GB/T 12705.1 (Rubbing)

GB/T 12705.2 (Rotating Box)

QB/T 1193 (Quilt)

QB/T 1194 (Mattress)

QB/T 1195 (Sleeping Bag)

QB/T 1196 (Pillow)

Add Glue Seams to any test above

IDFL recommends that Bedding be tested before and after washing ← Choose Care Instructions



DETAILED CLIENT INFO

(USE with any IDFL Sample Submittal Form)

Instructions

<ol style="list-style-type: none"> 1. When to use this form? <ul style="list-style-type: none"> - 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 IDFL for any questions 4. Please include a copy of SSF form with each sample. 5. See On-line Sample Submittal Form at www.idfl.com <p><i>Multiple sample test forms may be used with a single Detailed Client Info Form</i></p>	
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APPLICANT CLIENT INFORMATION	
Client Company Name	
Choose one:	<input type="checkbox"/> Use standard client info for sample(s) <input type="checkbox"/> Use client info below for sample(s)
Company Street Address	
Company City, State, Country	
Main Telephone	Main Fax
Client Contact Name	
Client Email	
Send Reports to <input type="checkbox"/> Applicant (listed below) <input type="checkbox"/> Payer	

Payer Information	
Payer Company Name	
Choose One:	<input type="checkbox"/> Use account info on file for payment <input type="checkbox"/> Use accounting info below for payment.
Payer Street Address	
Payer City, State, Country	
Payer Telephone	Payer Fax
Payer Contact Name	
Payer Email	
Send invoice to <input type="checkbox"/> Applicant <input type="checkbox"/> Payer	

EMAIL REPORT TO ALL LISTED BELOW

Contact Name	Title	Telephone	Email Address

- Client Instructions or Client Testing Protocol are also Attached
 See Special Client Instructions below

FACTORY INFORMATION	
NOTE	<i>Information about factory that sends sample (if different from applicant)</i>
Factory Name for this Sample	
Factory Street Address	
Factory City, State, Country	
Factory Main Telephone	Main Fax
Factory Contact Name	
Factory Contact Email	
Other Information	

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

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