



Sample Submittal and Analytical Request CertiPUR-US® Molded Foam Certification Program

Attention: _____

Date: _____

Ship via express to:

Lab Name: _____

Address 1: _____

Address 2: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Invoice to:

Company Name: _____

Email: _____

Address 1: _____

Address 2: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Attention: _____

Purchase Order Number: _____

Sample Identification:

Your Product Identification Code		
Plant/Location Where Sample Was Produced		
Choose One	<input type="checkbox"/> Foam Family*	
	<input type="checkbox"/> If "Other" or "Brand" Foam, Specify	
Foam Density/IFD		
Production Date		
Date Sample Cut (<7 Days From Production)		
Date Sample Shipped		
Sample Arrival Date (<21 Days From Production)		This Information will be reported by the testing laboratory
Date VOC Chamber Testing Started (<42 Days From Production)		This Information will be reported by the testing laboratory

*See Section 1

Analytical Request:

- Emissions Testing
- Extractable Heavy Metals
- Tributyltin (TBT)
- Sum of Eight Specified Phthalates
- Penta, Octa, Deca Bromodiphenylethers (PBDEs) Flame Retardants
- 2,4-Toluenediamine (TDA) and 4,4'-Diaminodiphenylmethane (MDA)
- Specified Volatile Organic Compounds and Total Volatile Organic Compounds

Submit **three** samples to lab.
Keep an extra (fourth)
packaged sample as a control.