LabelTestCenter

Test request form

Describe your application and the conditions under which the label must function below. Send this completed form, along with your product or sample, to I-Label. We will test the most promising combinations and provide you with a specific recommendation.

1. Company and contact information

Company name

……

Contact person

……

Email address

……

Phone number

……

Company address

……

2. Application description

What needs to be identified? **(e.g. Vial, cryotube, plastic part, cable…)**

……

Surface material

……

Dimensions / diameter

……

Brief description of the application and the process

……

3. Operation conditions

Temperature

☐ Normal / room temperature ☐ Cold ☐ Freezer ☐ Cryogenic ☐ Warm/hot

☐ Other, specifically: ……

Moisture and cleaning

☐ Moisture / condesation ☐ Alcohol / isopropanol ☐ Cleaning / disinfection

☐ Sterilization (autoclave, gamma…) ☐ Other, specifically: ……

If chemicals or solvents are used, which ones?

……

Other points to consider **(e.g., curved surfaces, limited space, desired service life):**

……

I-Label BV
Leemstraat 23
9820 Merelbeke

Tel: +32(0)9/324.88.76
info@ilabel.be
VAT: BE 0840164807

Bank: BNP Paribas Fortis
IBAN: BE18 0016 5345 8865
BIC: GEBABEBB

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4. What will you send us?

Number of samples/products

……

Current label (if applicable)

……

Brief description of the package contents

……

5. Desired output

☐ Blank label ☐ Printed label ☐ Barcode / QR-code required ☐ Color required

☐ Other, specifically: ……

Desired dimensions (if known)

……

Desired timing / deadline

……

6. Please send this form along with your samples to:

I-Label bv - t.a.v. I-Label LabelLab
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9820 Merelbeke
België
info@ilabel.be | +32 (0) 9 324 88 76