

Seam Slippage Test Request Form

Requester Name	<input type="text"/>
Date	<input type="text"/>
Department	<input type="text"/>
Sample ID	<input type="text"/>
Fabric Type	<input type="text"/>
Color	<input type="text"/>
Test Method	<input type="text"/>
No. of Samples	<input type="text"/>
Seam Type	<input type="text"/>
Direction (Warp/Weft)	<input type="text"/>
Special Instructions	<input type="text"/>