



# The Application for a measurement in the laboratories of Department of Clothing Technology

Name and Surname: .....

Phone, e-mail: .....

Department: .....

Head of (DT, BT, project, etc.): .....

## Measurement 1

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Purpose (DT, BT, project, etc.): .....

Measuring Instrument: .....

Date of measurement: From: ..... To: .....

Measurement range

Number of tested materials: .....

Number of measurements for each material: .....

## Measurement 2

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Purpose (DT, BT, project, etc.): .....

Measuring Instrument: .....

Date of measurement: From: ..... To: .....

Measurement range

Number of tested materials: .....

Number of measurements for each material: .....

## The actual measurement range (completed after the end of measurement)

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Measurement 1 .....

Measurement 2 .....

Liberec (Date): .....

doc. Ing. A. Havelka, CSc.  
Head of Department of Clothing Technology

