

ITL PHOTOMETRY ORDER FORM – LED LAMPS & LUMINAIRES

last update:
7/9/13

THE FOLLOWING INFORMATION MARKED WITH AN * AND IN BOLD TYPE IS CRITICAL. IF THIS INFORMATION IS NOT INCLUDED ON YOUR ORDER FORM, IT MAY RESULT IN SLOWER PROCESSING OF YOUR TEST(S).

- * **Company Name (as it is to appear on ITL reports)** _____
- * **Company Address (as it is to appear on ITL NVLAP reports)** _____
- * **Contact Name** _____ ***E-mail Address** _____
- * **Telephone Number** _____ Fax Number _____
- * **Billing Address** _____
- Shipping Address, if different than billing address _____
- Purchase Order Number _____
- * **Catalog Number (as it is to appear on ITL reports)** _____
- Luminaire or Lamp Description _____
- Number of LEDs _____ Watts per LED _____ LED manufacturer & catalog number (if known) _____
- LED: White RGB Monochromatic – List color _____
- Number of Drivers _____ Driver manufacturer & catalog number (if known) _____
- * **Requested Driver Input Voltage (tests performed at this voltage unless otherwise specified):** _____
- Has this hardware (either in part or full) been tested previously by ITL? _____ If so, please list test number(s) _____

INDICATE TESTING DESIRED

- 1 - Test lamp or luminaire to **LM-79** Requirements – includes photometrics & standard color (other options available)
- Indicate equipment type here: Lamp Luminaire
 - Indicate type of photometrics here: Indoor Flood Roadway/Area (mounting height _____)
 - This testing option includes: CCT, CRI, x/y Coordinates
- See Option 5 below for additional test offerings**
- 2 - Test lamp or luminaire to **ENERGY STAR** Requirements – includes photometrics, standard color, & ISTMT*(in situ)
- Indicate equipment type here: Lamp Luminaire
 - Indicate type of photometrics here: Indoor Flood Roadway/Area (mounting height _____)
 - This testing option includes: CCT, CRI, x/y Coordinates
- See Option 5 below for additional test offerings**
- 3 - Test lamp or luminaire to **DESIGNLIGHTS** Requirements – includes photometrics, standard color, ISTMT, & THD
- Indicate equipment type here: Lamp Luminaire
 - Indicate type of photometrics here: Indoor Flood Roadway/Area (mounting height _____)
 - This testing option includes: CCT, CRI, x/y Coordinates
- See Option 5 below for additional test offerings**
- 4 - Test lamp or luminaire to **LIGHTING FACTS** Requirements – includes lumens & standard color
- Indicate equipment type here: Lamp Luminaire
 - This testing option includes: CCT, CRI, x/y Coordinates
- See Option 5 below for additional test offerings**
- 5 - **A La Carte Testing** for Lamp or Luminaire – **CHECK ALL THAT APPLY BELOW:**
- | | | |
|---|---|---|
| <input type="checkbox"/> Indoor Photometric Report | <input type="checkbox"/> Color Spatial Uniformity | * <input type="checkbox"/> In Situ Temperature Measurement Test |
| <input type="checkbox"/> Cone of Light (extra cost) | | <input type="checkbox"/> Driver Electrical Test |
| <input type="checkbox"/> Beam Spreads (extra cost) | <input type="checkbox"/> Standard Color Report with SPD | <input type="checkbox"/> Absolute Flux Output |
| <input type="checkbox"/> Roadway/Area Photometric Report, Mounting Height _____ | Includes CRI, CCT, x/y Coordinates | <input type="checkbox"/> Total Harmonic Distortion (THD) |
| <input type="checkbox"/> Floodlight Photometric Report | Spectral Power Distribution & CIE Diagram | |

ADDITIONAL TEST INFORMATION

- * **Light measured in:** Upper hemisphere only Lower hemisphere only Both Upper & Lower hemispheres
- * **If you do NOT want us to drill holes in your samples for mounting, check here**
- * **Estimated date test samples to arrive at ITL** _____
- * **Priority Scheduling (30%) surcharge applies. Call for current turnaround times**
- * **Other order forms associated with this series of tests**
- E-mail test report(s) and IES file(s) to another address: E-mail address _____
- Web site to view your lamp or luminaire cut sheets _____
- Approximate luminaire dimensions (Width x Length x Height) _____
- If testing previously discussed with ITL staff, who was ITL contact person _____
- Quotation required for the listed testing
- Special Instructions: _____