

Mail samples to:

Business Name	Fermentation/Enology
Client Name	949 Blowing Rock Rd.
Date Sent	Boone, NC 28608
Email address*	

*Results will be sent via email

Sample 1	Analyses Requested:
Sample Name ID	<input type="checkbox"/> Panel # : _____
Sample Description	<input type="checkbox"/> Alcohol and Density <input type="checkbox"/> IBUs
Carbonated Sample?	<input type="checkbox"/> Turbidity (Haze) <input type="checkbox"/> Microbial Plating
<input type="checkbox"/> Carbonated <input type="checkbox"/> Non-Carbonated	<input type="checkbox"/> Color <input type="checkbox"/> Microscopic Scan/Stain
	<input type="checkbox"/> CO ₂ Volume* <input type="checkbox"/> Yeast Count / Viability
	<input type="checkbox"/> Other _____ <input type="checkbox"/> SAME AS SAMPLE # _____

Sample 2	Analyses Requested:
Sample Name ID	<input type="checkbox"/> Panel # : _____
Sample Description	<input type="checkbox"/> Alcohol and Density <input type="checkbox"/> IBUs
Carbonated Sample?	<input type="checkbox"/> Turbidity (Haze) <input type="checkbox"/> Microbial Plating
<input type="checkbox"/> Carbonated <input type="checkbox"/> Non-Carbonated	<input type="checkbox"/> Color <input type="checkbox"/> Microscopic Scan/Stain
	<input type="checkbox"/> CO ₂ Volume* <input type="checkbox"/> Yeast Count / Viability
	<input type="checkbox"/> Other _____ <input type="checkbox"/> SAME AS SAMPLE # _____

Sample 3	Analyses Requested:
Sample Name ID	<input type="checkbox"/> Panel # : _____
Sample Description	<input type="checkbox"/> Alcohol and Density <input type="checkbox"/> IBUs
Carbonated Sample?	<input type="checkbox"/> Turbidity (Haze) <input type="checkbox"/> Microbial Plating
<input type="checkbox"/> Carbonated <input type="checkbox"/> Non-Carbonated	<input type="checkbox"/> Color <input type="checkbox"/> Microscopic Scan/Stain
	<input type="checkbox"/> CO ₂ Volume* <input type="checkbox"/> Yeast Count / Viability
	<input type="checkbox"/> Other _____ <input type="checkbox"/> SAME AS SAMPLE # _____

Sample 4	Analyses Requested:
Sample Name ID	<input type="checkbox"/> Panel # : _____
Sample Description	<input type="checkbox"/> Alcohol and Density <input type="checkbox"/> IBUs
Carbonated Sample?	<input type="checkbox"/> Turbidity (Haze) <input type="checkbox"/> Microbial Plating
<input type="checkbox"/> Carbonated <input type="checkbox"/> Non-Carbonated	<input type="checkbox"/> Color <input type="checkbox"/> Microscopic Scan/Stain
	<input type="checkbox"/> CO ₂ Volume* <input type="checkbox"/> Yeast Count / Viability
	<input type="checkbox"/> Other _____ <input type="checkbox"/> SAME AS SAMPLE # _____

* If sending samples for CO₂ Volume please send two samples of the final packaged product.

Additional Samples (if necessary)

Business Name
Date Sent

Sample 5	Analyses Requested:
Sample Name ID	<input type="checkbox"/> Panel # : _____
Sample Description	<input type="checkbox"/> Alcohol and Density <input type="checkbox"/> IBUs
Carbonated Sample?	<input type="checkbox"/> Turbidity (Haze) <input type="checkbox"/> Microbial Plating
<input type="checkbox"/> Carbonated <input type="checkbox"/> Non-Carbonated	<input type="checkbox"/> Color <input type="checkbox"/> Microscopic Scan/Stain
	<input type="checkbox"/> CO ₂ Volume* <input type="checkbox"/> Yeast Count / Viability
	<input type="checkbox"/> Other _____ <input type="checkbox"/> SAME AS SAMPLE # _____

Sample 6	Analyses Requested:
Sample Name ID	<input type="checkbox"/> Panel # : _____
Sample Description	<input type="checkbox"/> Alcohol and Density <input type="checkbox"/> IBUs
Carbonated Sample?	<input type="checkbox"/> Turbidity (Haze) <input type="checkbox"/> Microbial Plating
<input type="checkbox"/> Carbonated <input type="checkbox"/> Non-Carbonated	<input type="checkbox"/> Color <input type="checkbox"/> Microscopic Scan/Stain
	<input type="checkbox"/> CO ₂ Volume* <input type="checkbox"/> Yeast Count / Viability
	<input type="checkbox"/> Other _____ <input type="checkbox"/> SAME AS SAMPLE # _____

Sample 7	Analyses Requested:
Sample Name ID	<input type="checkbox"/> Panel # : _____
Sample Description	<input type="checkbox"/> Alcohol and Density <input type="checkbox"/> IBUs
Carbonated Sample?	<input type="checkbox"/> Turbidity (Haze) <input type="checkbox"/> Microbial Plating
<input type="checkbox"/> Carbonated <input type="checkbox"/> Non-Carbonated	<input type="checkbox"/> Color <input type="checkbox"/> Microscopic Scan/Stain
	<input type="checkbox"/> CO ₂ Volume* <input type="checkbox"/> Yeast Count / Viability
	<input type="checkbox"/> Other _____ <input type="checkbox"/> SAME AS SAMPLE # _____

Sample 8	Analyses Requested:
Sample Name ID	<input type="checkbox"/> Panel # : _____
Sample Description	<input type="checkbox"/> Alcohol and Density <input type="checkbox"/> IBUs
Carbonated Sample?	<input type="checkbox"/> Turbidity (Haze) <input type="checkbox"/> Microbial Plating
<input type="checkbox"/> Carbonated <input type="checkbox"/> Non-Carbonated	<input type="checkbox"/> Color <input type="checkbox"/> Microscopic Scan/Stain
	<input type="checkbox"/> CO ₂ Volume* <input type="checkbox"/> Yeast Count / Viability
	<input type="checkbox"/> Other _____ <input type="checkbox"/> SAME AS SAMPLE # _____

* If sending samples for CO₂ Volume please send two samples of the final packaged product.