PÕHJALA

Form-Micro-1.0-2020

# SAMPLE SUBMISSION FORM

| | |
|---|---|
| **Submitter** | |
| **Company name:** | |
| **VAT number:** | |
| **E-mail:** | |
| **Company address:** | |
| | |
| **ZIP:** | **Phone:** |
| **Purpose of testing (mark with x)** | **Registration entry** ☐ **Self-control** ☐ |
| **Type of alcohol** | |
| **Product name** | |
| **Lot** | |
| **Alcoholic strength** | |
| **Origin** | |
| **Producer** | |

| **Product group (mark with x):** | |
|---|---|
| Beer | |
| Cider | |
| | |
| | |
| | |

| **Person responsible for sampling** | *Sampling date and time:* |
|---|---|
| | |

| ***ANALYTICAL REPORT WILL BE SENT BY:*** | | |
|---|---|---|
| Regular mail | | *(mark with x)* |
| Digitally signed | | |
| E-mail | | |

| ***INVOICE WILL BE SENT TO: (if different from submitter)*** |
|---|
| |

| **Submitter`s name and signature** |
|---|
| |

| *Registration number (laboratory ID):* | *COMPLETED BY THE LABORATORY:* |
|---|---|
| | |

| *Arrival date and time of sample(s):* | | |
|---|---|---|
| | | |
| *Consignee* | *name* | |
| | *signature* | |

| **Mark (+ or sample No):** | **Components** | **Unit** |
|---|---|---|
| **Microbial analysis** | | |
| | **Lactic acid producing bacteria** | **CFU/ml** |
| | **Acetic acid bacteria** | **CFU/ml** |
| | **Wild Yeast** | **CFU/ml** |
| | **Full Screning** | **CFU/ml** |
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**Notes:**