PÕHJALA

Form-PCR-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**
PCR analysis		
	Saccharomyces Diastaticus	**Present/ not present**
	Acetic acid bacteria	**Present/ not present**
	Brettanomyces	**Present/ not present**
	HOP resistant Lactic acid bacteria	**Present/ not present**
	Megaspheara	**Present/ not present**
	Pectinatus	**Present/ not present**

Notes: