

Mail Results (circle one): YES NO

101 Reserve Road Attn: Grape Analysis Dept. Hartford, CT 06114 (t) 888.378.4884 (f) 860.240.7505

Analysis Request Form

Use this form to submit samples for testing. Please provide information as accurately as possible and use the back of the form if more room is required. Please note that samples are analyzed once a week so we will do our best to get your sample(s) processed during the next analysis session.

Sub	mission Date:				
Whe	en Needed:				
Nan	ne:				
Add	ress:				
City	:	State: Zip	:		
Hon	ne Phone:		Payment Information		
Business Phone:			Payment Type (circle one): Check Visa MasterCard Amex		
O-II Di-			Check #:(if paying by check)		
Cell Phone:			Name: (as it appears on your card) Credit Card #: Card Exp. Date:		
for a	n individual test, \$30 for a two pa Competition Evaluations (PC) run	nel test including pH n \$10 per sample.	=	Test costs are per sample submitted athree panel test that includes pH, T.	<u>A, and SO2.</u>
ID	Style/Variety/Vintage	Comments		Requested Test(s) pH TA SO2 PC	Ext. Price
1				P	
_					
2				pH □ TA □ SO2 □ PC □	
3				pH □ TA □ SO2 □ PC □	
				•	
3				pH□TA□SO2□PC□	
3				pH □ TA □ SO2 □ PC □ pH □ TA □ SO2 □ PC □	
3 4 5				pH □ TA □ SO2 □ PC □ pH □ TA □ SO2 □ PC □ pH □ TA □ SO2 □ PC □	
3 4 5 6				pH □ TA □ SO2 □ PC □ pH □ TA □ SO2 □ PC □ pH □ TA □ SO2 □ PC □ pH □ TA □ SO2 □ PC □	