



640 Airpark Road, Suite D Napa CA, 94558  
 Lab (707) 224-7903 ext.306 or 310

# Distilling Analysis Request Form

Napa

OFFICE USE ONLY

DR	FC	COMP	TSR	RSH
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Have you submitted samples to us in the past?  
 IF YES, PLEASE FILL OUT ONLY THE (\*\*) MARKED  
 INFORMATION FIELDS. IF NO, PLEASE FILL OUT THIS  
 FORM COMPLETELY

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

**PLEASE LABEL EACH SUBMITTED SAMPLE WITH YOUR DISTILLERY NAME, SAMPLE NAME, AND SUBMISSION DATE**

PLEASE FILL OUT THE REQUIRED INFORMATION ON THIS FORM AND SEND OR BRING WITH YOUR SAMPLES

**MINIMUM ANALYSIS CHARGE: \$25.00 FOR TRANSACTIONS PAYING BY CASH, CHECK, OR CREDIT CARD. \$50.00 FOR NET 30 DAY TERMS**

<b>**ACCOUNT NAME</b> (responsible party):					
<b>**NAME</b> (person requesting analysis):					
<b>ADDRESS:</b>					
<b>CITY:</b>	<b>STATE:</b> <b>ZIP:</b>				
<b>**DAYTIME PHONE:</b>					
<b>**EMAIL:</b>					
<b>CREDIT CARD #:</b>	<b>EXP DATE:</b>				
<b>NAME ON CARD:</b>	<b>SIGNATURE:</b>				
<b>**SEND RESULTS TO:</b> (if different from above)					
ARE THESE SAMPLES INVOLVED IN A LEGAL DISPUTE BETWEEN TWO PARTIES?	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>				
No	<input type="checkbox"/>				
PLEASE CHECK ALL THAT APPLY					
<input type="checkbox"/> I AM NOT SURE WHICH TEST TO RUN (please write a note or call our lab staff to discuss the sample)					
<input type="checkbox"/> Do only the tests I select					
<input type="checkbox"/> Other					
<b>COMMENTS:</b>					

Panels	Code	Included Tests	Size	Price
Alcohols & Organic Com.	NIR	Alcohol	50 mL	\$20.00
	AH	Acetaldehyde	50 mL	\$60.00
	EA	Ethyl Acetate	50 mL	\$60.00
	MA	Methanol	50mL	\$60.00
Acids	HIALC	Higher Alcohols GC Panel (Isoamyl alcohol, 1-Butanol, Methanol, 1-Propanol, Isobutyl alcohol, Ethyl acetate, Acetaldehyde)	60mL	\$300.00
	PH	pH	50mL	\$10.00
	RS	Residual Sugar (glucose/fructose)	50mL	\$22.00
	RS1	Residual Sugar (/sucrose/glucose/fructose)	50mL	\$30.00
	ABS280	Absorbance at 280nm	50ml	\$20.00

Please write the corresponding letter of the analysis you would like performed after the sample name in the table below.

Please refer to our webpage (<http://www.gusmerenterprises.com>) or current catalog for instructions on preparing, sending in your samples, and volume of sample required.

**SAMPLE NAME	TEST CODE(S) REQUESTED ANALYSES	**SAMPLE NAME	TEST CODE(S) OF REQUESTED ANALYSES
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Important Note: Gusmer Enterprises, Inc. provides this information to the best of our knowledge. This information does not claim to be complete and Gusmer Enterprises, Inc. cannot assume liability for improper use. All users are advised to test products to meet their specific needs.