



## BEER TESTING SUBMISSION FORM

Client Name:

Address:

Phone:

Email:

Purchase order no:

Signed:

Date:

### Sampling Instructions

Take samples of >10ml into leakproof tubes and label using permanent marker and complete submission form

### Indicate testing required for each sample

Sample ID	Date sampled	Yeast Panel	Bacto Panel	Full Panel	Single Species

Yeast Panel Brettanomyces, *Saccharomyces cerevisiae*, *Zygosaccharomyces bailii*, *D. anomala*

BactoPanel Acetobacter, Lactobacillus brevis/plantarum/hilgardii (and related ), Pediococcus

Full Panel All of the above and Total Yeast

Single Species Any one of the above tests

Send samples in well packaged leak proof containers to

**dnature diagnostics & research Ltd**  
**60 Carnarvon Street**  
**Gisborne 4010**

If you have other test requirements or require containers, please contact us on **0800 DNATURE** or e-mail [info@dnature.co.nz](mailto:info@dnature.co.nz) to discuss.