



LAB ANALYSIS REQUEST FORM

CUSTOMER INFORMATION

Contact Name: _____

Company: _____

Address Line 1: _____

Address Line 2: _____

Postal Code: _____

Phone: _____

Email: _____

PAYMENT INFORMATION

Upon receipt of a completed Lab Analysis Request Form, a quote will be sent to the contact email provided on this form.

Payment can be made by credit card, wire, or EFT.

Services will be invoiced upon the receipt of samples by Brunswick Bierworks. Payment due upon receipt of invoice.

Complete the following table with your preferred sample identifiers, the service requested, and a brief description of the sample including style, clarity, and type of fermentation (e.g. Sacc, wild, mixed, etc.).

Sample	Sample Name/ID	Service Requested	Sample Description
1			
2			
3			
4			
5			
6			

Additional Comments:

SHIPPING ADDRESS Brunswick Bierworks Attn: Lab Service 25 Curity Ave, Toronto, ON, M4B 3M2	DROP-OFF HOURS & LOCATION M-F 10AM to 4PM, except holidays Brunswick Bierworks 25 Curity Ave, Toronto, ON, M4B 3M2	QUESTIONS? Email us at lab@brunswickbierworks.com
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