



Sample Submission Form					
Filled by the submitter					
Company		Mark the appropriate parameters		Unit	
VAT number			Alcoholic strength	% (v/v)	
E-mail			Alcoholic strength	% (m/m)	
Company address			Specific gravity		
			Original extract	% (m/m) or % Plato	
ZIP		Contact phone		Real extract	% (m/m) or % Plato
Purpose of testing		[ ] Self-control		Apparent extract	% (m/m) or % Plato
Beer type				Real degree of fermentation, RDF	%
Product name				Apparent degree of fermentation, ADF	%
LOT				Original Gravity	°Sacch.
Alcoholic strength		Filled by the laboratory			
Producer		Arrival date and time of sample(s)			
Storage recommendations		Receptionist		Name	
Person responsible for sampling				Signature	
		Sampling date, time and address			
		Submission form number			
Analytical report should be sent by		Notes			
Regular mail					
Digitally signed					
E-mail					
Invoice should be sent to					
Submitter's name and signature					