



Label samples carefully and indicate tests needed

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Shaded areas for lab use only

Time: _____

Date: _____

containers: _____

Company Name: _____

Address: _____

Phone: _____

Contact Name: _____

Email address: _____

Client Sample Identification

Lab ID #

Sample Type

Brix - refractometer (juice only)	pH - pH meter	Titrate acidity - manual titration	Volatile Acidity - Acetic Acid enzyme kit	Malic Acid - enzyme kit	Residual Sugar - glucose+fructose enzyme kit	Residual sugar - SUCROSE enzyme kit	Yeast Assimilable Nitrogen - enzyme kit duo	Free SO ₂ - aeration/oxidation	Total SO ₂ - aeration/oxidation	Alcohol (ABV, Ethanol) - GC-FID	Protein/Heat Stability - 80°C for 30 minutes	Cold Stability - 72 hour refrigeration	Turbidity - nephelometer	FOSS - FTIR spectroscopy estimate	Methoxypyrazines - GC-MS*	Brettanomyces - GC-MS*	Other (Microbial Analysis, Sorbic Acid, etc.) (please contact lab)

Submitted by: _____

Date/Time: _____

Priority:

Routine

Rush! 48 hours

Rush!! 24 hours

Special Instructions: _____



Include standard deviation, coefficient of variation, and # of replicates. A surcharge of 5% will be applied.

* There is no rush service for GC-MS analysis.