



Test Request Form

Ship to: Supra Research and Development
106 - 2293 Leckie Road
Kelowna, BC, V1X 6Y5

Report to:

Company:
Contact Name:
Phone:
Email:
Address:

Instructions: Fill in relevant details and email form (inquire@suprarnd.ca) and/or include form with samples. Grey boxes will be filled in by Supra personnel. For 'Other' tests or matrices, please elaborate under 'Comments' or via email (inquire@suprarnd.ca).

Comments:**Invoice to (if different than above):**

Company:
Contact Name:
Phone:
Email:
Address

Laboratory Comments:

Submission Date:

Received Date:

Client Sample ID	Sampling Date	Matrix	Amount (g or mL)	Lab Sample ID	Smoke-Taint (free VPs)	Smoke-Taint (bound VPs)	Brett-Taint	Cork-Taint	Other



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