



Maple Syrup Testing

Chain of Custody

Customer Name: _____

Sugarbush/ Farm Name _____

Phone Number: _____

Email/Fax: _____

Address: _____

Results will be e-mailed in typically 1-2weeks

City: _____ State: ___ Zip: _____

LEAD IN MAPLE SYRUP \$30.00 Only requires: 1oz syrup in plastic or glass

Sample Location (Boil Date, etc.): _____

Sample Date: _____ Time: _____ Sampler Name: _____

Intended means of payment:

Prepaid Invoice Identification _____

Call for Credit Card Info Phone #, (if different from above) _____

Check Enclosed

Relinquished By: _____ Date/Time: _____

Ship to Address: Sample Receipt
 Endyne, Inc.
 160 James Brown Dr.
 Williston, VT 05495

Phone: 802-879-4333 www.endynelabs.com

Lab Use Only

Received By: _____ Date/Time: _____

Bottle Type Received _____

Temp Check: _____ Delivered by: _____

Amt. Paid: _____ Cash Check # _____ Credit Card