

GENERAL ANALYSIS REQUESTS

How to submit products analysis

A product sample must be sent to the Food Systems Innovation Center Laboratory to be tested. Samples must be accompanied by a completed *General Analysis Request Form* (pages 2 of this form) and the appropriate test fees for the analyses you request. Please do not ship samples before consulting FSIC.

Costs

Costs for regularly requested tests are listed below. Checks must be made in favor of “University of Kentucky” and online payments may be made at <http://www.uky.edu/fsic/index.php> Click *Pay Invoice* and enter the *Company Name* as the invoice number.

pH	\$10.00 per sample	Fat Analysis (meat cuts)	\$11.00 per sample
Water Activity	\$16.00 per sample	Shear Force (meat cuts)	\$7.00 per sample
pH and Water Activity	\$26.00 per sample	Water Phase Salt	\$25.00 per sample

Ship products to the following address:

Food Systems Innovation Center
University of Kentucky
221 W.P. Garrigus Building
Lexington, KY 40546-0215

Sample and Shipping Guidelines:

- Products to be sold under refrigeration – **DO NOT SHIP** without making prior arrangements for acceptance. Contact fsic@uky.edu to schedule testing for your product.
- Refrigerated products must be shipped on dry ice and with the shortest possible transit time. Schedule shipments so they arrive *before* Friday. Samples may also be dropped off in person at the above lab address with accompanying paperwork.
- Please submit a full size sample (packaged as for sale) for analysis. Bulk processors may provide a minimum 100g sample for analysis. Note: sample should be packaged in a smaller container in same conditions as for sale. Do not include extraneous materials (spoons, paper towels etc.) in sample container
- Inadequate samples, visually adulterated samples or those arriving to the lab without the necessary documentation will not be accepted for analysis.



Contact:
Kandi Williams
(859) 218-4387
fsic@uky.edu
www.uky.edu/fsic

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First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____ Web Address: _____

Business Name: _____

Business Address (if different than above): _____

Business Type (check all that apply)

- Manufacturer Restaurant Farm

Product/Sample information _____

Storage conditions

- Keep frozen Refrigerated after opening Other (specify) _____
 Keep refrigerated Keep _____ days in _____
 Shelf Stable refrigerator after opening _____

Please list each product by product identity/product /lot number (if any) and the corresponding lab analysis requested. For multiple samples please be specific and label samples clearly.

Product info/ Lot Number	Processing Method/Process Date	Analysis Needed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment Confirmation Number: _____ Check # _____ Amount \$ _____

Report results to:

Name _____ Email _____ Phone _____

Comments: _____

The ingredients, quantities and preparation methods above are the actual used in the production of this product. I certify these amounts are true and accurate and hold the University of Kentucky and the Food Systems Innovation Center and its staff members free from liability for analytical results or reports generated due to inaccurate information provided herein.

Signature

Date