

Sample Submission Form

Submitter Details	
Name:	
Company:	ABN:
Address:	
Phone:	Fax:
Email:	

Analysis required

SUGGESTED PACKAGES

OLIVE OIL – QUALITY ANALYSIS

- Basis Quality Pack (1-3,7)
- Basic Quality Pack + Sensory analysis (1-3,7,9)
- Complete Quality Pack (1-8)
- Complete Quality Pack + Sensory analysis (1-9)
- AOA Certification Pack (1-3,9)
- Show pack (1,2,5)
- Freshness Pack (21-22, 1-4,9)

OLIVE OIL – LABELLING ANALYSIS

- Labelling Pack (NI, 9, 4)
- Nutritional Information (NI)

OLIVE OIL – AUTHENTICITY ANALYSIS

- Basic Authenticity Pack - RPS (10 -12)
- Complete Authenticity Pack (Export. Oils) (10-19,24)

PRE - HARVEST ANALYSIS

- NIR Pack (Moisture and Oil content)
- Solvent Pack (Moisture and Oil content)
- Abencor® Pack (Moisture and Oil content)

Others (please specify):

INDIVIDUAL ANALYSIS

- 1- Free Fatty Acid
- 2- Peroxide Value
- 3- UV Coefficients (K232, K270, DK)
- 4- Induction Time (Rancimat®)
- 5- Total Polyphenols
- 6- Bitterness Index
- 7- Fatty Acid Profile
- 8- Moisture and Volatiles matter
- 9- Sensory analysis
- 10- Sterols & Total Sterols
- 11- Trans Fatty Acid
- 12- Erythrodiol + Uvaol
- 13- Waxes
- 14- Palmitic Acid in position 2
- 15- ECN42
- 16- Unsaponifiable matter
- 17- Stigmastadienes
- 18- Insolubles Impurities
- 19- Total Aliphatic Alcohols
- 20- Polyphenols profile
- 21- 1,2 Diacylglycerides
- 22- Pyropheophytin A
- 23- Triglycerides by GC
- 24- Fatty Acid Alkyl Ester

Laboratory Use Only

Date Received:/...../..... Work order N°:/..... Received by:

Analysis Complete (Date):/...../.....

Invoice Prepared (Date):/...../.....



Sample Details

Olives <input type="checkbox"/>	Olive oil <input type="checkbox"/>	Table Olives <input type="checkbox"/>
Pomace <input type="checkbox"/>	Other (Please, specify):	

Identification of the sample	Date of sampling	Laboratory Use Only Work order #

Authorisation

I/We the undersigned, are authorised to request analysis of the samples provided, and understand and accept this is strictly a 7 day account and agree that we shall abide by these terms. We also understand that credit will be withdrawn should terms not be respected.

Name: Signature: Date:/...../.....

Send account to: (if not the same as above address)

Name:	
Address:	
Phone:	Email:

Send your sample(s) and this form to:

**Modern Olives Laboratory Services
P.O. Box 92 Lara, VIC 3212**

NOTES: Samples requiring analyses not performed at this laboratory may be sent to other laboratories. Containers and samples will not be returned Test results and findings may be provided to authorised staff and used for statistical and certification purposes in accordance with company policies. The source of the information will remain confidential unless otherwise required by Law or regulatory policies.