



Sample Submission Form

Submitter Details	
Name:	
Company:	Tax ID Number:
Address:	
Phone:	Fax:
Email:	

Analysis required

SUGGESTED PACKAGES

OLIVE OIL-QUALITY ANALYSIS

- Basic Quality Pack+Sensory Analysis(1-3,7,9)
- Complete Quality Pack+Sensory Analysis(1-9)
- Freshness Pack(1-4,9,21,22)
- COOC Certification (1-3)
- COOC Certification+Sensory Analysis (1-3,9)
- CDFA Pack+Sensory Analysis (1-3,8,9,18,21,22)

OLIVE OIL-LABELLING ANALYSIS

- Nutritional Information (NI)
- Best Before Date (1,4,21,22)

OLIVE OIL-PURITY ANALYSIS

- Basic Purity Pack(10,12,13,17)
- Complete Purity Pack(10-20)

OLIVE OIL-OTHER ANALYSIS

- Pesticides Residues
- Antioxidants (23-26)

PRE-HARVEST ANALYSIS

- NIR Pack (Optimal Harvest Time)
- Solvent Pack NIR calibration
- Others (Please Specify)
- _____
- _____

INDIVIDUAL ANALYSIS

- 1-Free Fatty Acid
- 2-Peroxide Value
- 3-UV Coefficient (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
- 14-2 Glycerol Palmitate
- 15-ΔECN42(Triglycerides by HPLC)
- 16-Unsaponifiable Matter
- 17-Stigmastadienes
- 18-Insoluble Impurities
- 19-Total Aliphatic Alcohols
- 20-Fatty Acid Alkyl Ester
- 21-1,2 Diacylglycerides
- 22-Pyropheophytin A
- 23-Oleocanthal
- 24-Squalene
- 25-Tocopherols Content
- 26-Polyphenols Profiles

Laboratory Use Only

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

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



Sample Details

Olive Oil <input type="checkbox"/>	Olive Fruit <input type="checkbox"/>	Olive 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 We also understand that credit will be withdrawn should terms not be respected.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
455 Harter Avenue, Woodland
California, 95776**

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.