



Sample Submission Form

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

INDIVIDUAL ANALYSIS

C1- Free Fatty Acids*
C2- Peroxide Value*
C3- UV Coefficients*
P1- Induction Time*
C4- Fatty Acid Profile*
S1- Sensory Analysis*
C5- 1,2-Diacylglycerides*
C6- Pyropheophytin A*
C7- Biophenols Profile
C8- Trans Fatty Acids*
C9- Pesticides
C10- Trace Metals^
C11- DEHP
C12- Sterols Profile & E+U*
C13- Waxes
C14- Stigmastadienes
C15- Fatty Acid Ethyl Esters
C16- 2-Glycerol Monopalmitate
P2- Moisture & Volatile Matter
C17- Insoluble Impurities
C18- Alpha-Tocopherols
C18- Tocopherol Content
C19- Iodine Value by calculation
C20- Squalene
C21- Oleuropein
C22- Oleuropein Identification
C23- Total Oil Content by Soxhlet
C24- ECN 42
C25- Benzo(a)pyrene
C26- Unsaponifiable Matter
C27- Total Aliphatic Alcohols
C28- Saponification Value
C29- Total Biophenols by NIR

C30- pH
P3- Total Solids
P4- Colour by Lovibond
P5- Water Activity
P6- Density
Others (please specify):

* Asterisk denotes tests covered under our NATA scope of accreditation.

^ Circumflex denotes tests subcontracted to a designated approved supplier.

SUGGESTED PACKAGES

OLIVE OIL – QUALITY	
A. Basic Quality Pack + Sensory Analysis (C1-C4, S1)*	
B. Show/AOA Pack by NIR (C1-C3, C29)	
C. Nutritional Information	
D. Freshness Pack (C1-C3, P1, S1, C5, C6)*	

MICROBIOLOGY ANALYSIS

E. Food Pack (Aerobic Plate Count, Yeast & Mould, E.coli & Coliforms, Salmonella, Staphylococcus aureus)
F. BP Pack (Total Aerobic Microbial Count, Total Yeast & Mould Count, E.coli, Salmonella, Bile Tolerant Gram Negative, Staphylococcus aureus)
G. Water Pack (E.coli & Coliforms, Faecal Coliforms, Pseudomonas aeruginosa and Heterotrophic Plate Count)
H. Table Olives Pack (Salmonella, Staphylococcus aureus, Listeria Species, Clostridium perfringens)

OLIVE FRUIT – PRE - HARVEST ANALYSIS

I. Optimal Harvest Time by NIR



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Sample Details

Olive Oil <input type="checkbox"/>	Olive Fruit <input type="checkbox"/>	Table Olives <input type="checkbox"/>	Olive Derivatives <input type="checkbox"/>	Water <input type="checkbox"/>
Other (Please, specify):				

Identification of the Sample (s)	Date of Sampling	Internal Use Only Laboratory Reference N°

Authorisation

I/We the undersigned, are authorised to request analysis of the samples provided. I/We also understand that reports will not be issued until payment is received.

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

Please note that all Laboratory services are to be prepaid.

Upon sample receipt an invoice will be generated and sent. When making payment by Electronic Funds Transfer / internet banking please use the Invoice number (SI) as the payment description/reference.

Please email remittance advice / payment confirmation to: info@modernolives.com.au

Send your sample(s) and this form to:

Modern Olives
 151 Broderick Road, Lara
 3212 Victoria, AUSTRALIA

Internal Use Only		
Date Received:/...../.....	Lab Reference N°:/.....	Received By:
Analysis To Be Completed By (Date):/...../.....		Invoice Prepared (Date):/...../.....