



Sample Submission - Olive Oil

QUALITY MANAGEMENT SYSTEM

FORM

MO-CL-F-04

Version: 03

Issue date: 27/07/2018

Submitter Details

Name:		
Company:		ABN:
Address:		
Phone:		
Email:		

SUGGESTED PACKAGES

OLIVE OIL – QUALITY AND AUTHENTICITY

Basic Quality Pack + Sensory Analysis (1-3, 7, 9)
Show/AOA Pack by NIR (1-3, 5)
Freshness Pack (1-4, 9, 21, 22)
Nutritional Information
Authenticity Pack (10-15, 17, 19)
Shelf-Life Prediction (1, 4, 21, 22)
AOA Code of Practice Pack (1-3, 9)

OLIVE OIL – CONTAMINANTS AND ANTIOXIDANTS

Pesticides and Trace Metals (26, 27)
Antioxidants (20, 24, 25)

PHYSICAL ANALYSIS

Density, Viscosity, Colour (6)

MICROBIOLOGY ANALYSIS

Microbiology Food Pack (Aerobic Count Plate, E.coli & Coliform, Rapid Yeast & Mould, Salmonella)
Microbiology BP Pack (Total Bacterial Count, Total Yeast & Mould, E.coli, Salmonella)

PRE - HARVEST ANALYSIS

Optimal Harvest Time by NIR

Others (please specify):

INDIVIDUAL ANALYSIS

1- Free Fatty Acids
2- Peroxide Value
3- UV Coefficients (K232, K268, ΔK)
4- Induction Time
5- Total Biophenols (by NIR)
6- Smoke Point
7- Fatty Acid Profile
8- Moisture and Volatile Matter
9- Sensory Analysis
10- Sterols & Total Sterols & E+U
11- Trans Fatty Acids
12- Fatty Acid Ethyl Esters
13- Waxes
14- 2-Glyceryl Monopalmitate
15- ECN 42
16- Unsaponifiable Matter
17- Stigmastadienes
18- Insoluble Impurities
19- Total Aliphatic Alcohols
20- Biophenols Profile
21- 1,2-Diacylglycerides
22- Pyropheophytin A
23- Pesticides
24- Squalene
25- Tocopherols Content
26- DEHP
27- Benzo(a)pyrene

Laboratory Use Only

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

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



Sample Submission - Olive Oil

QUALITY MANAGEMENT SYSTEM
FORM

MO-CL-F-04

Version: 03

Issue date: 27/07/2018

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 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: lab.reports@modernolives.com.au

Send your sample(s) and this form to:

Modern Olives Laboratory Services
P.O. Box 92 Lara
3212 Victoria, AUSTRALIA

NOTE: Samples requiring analyses not performed in 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 information will remain confidential unless otherwise required by law or regulatory policies.