





Application Form for Organoleptic (Sensory) Evaluation

			Date/ 20			
From:		To:				
Name & Company's name:	Sensory I ACR	Sensory Evaluation Laboratory of Crete ACR				
Address:	Address:	Tria Mon- Rethimnon,	,	PC	74100	
Tel:	Tel.: +3	Tel.: +3028310 86100, +306974939462				
e-mail :	e-mail :	e-mail : <u>lab@oliveoiltastinglab.gr</u>				
Subject: Olive Oil Organole	eptic Evaluation					
Please proceed in Organolep	tic Evaluation of the	following vir	gin olive oil	samples	::	
	Sample 1	Sample	Sample 2 Sample 3			3
Sample code (from the applicant)						
Sample category (according to the applicant like Extra Virgin, PDO, PGI ORGANIC etc						
Sampling date and name of who got the sample (filled-in by the applicant)						
Requirement for Bitter and Pungent sensation results (YES or NO)*						
Additional notes (filled-in by the applicant)						
*Please write YES or NO if yo Report. (valid only for the Ext			sations to be	e written	on tl	ne Test
For more samples, please use	a second application	form.				
Instructions:						
 Minimum quantity of the properly sealed. During tra temperature. 						
❖ Before send the samples, p	olease contact our lab	oratory for p	ossible clarif	fications.		
 Average time for evaluatio 		-	•			
 If you wish an invoice to registered to VIES system, 			ivoicing det	ails (for	com	npanies
Name of the applicant:						
Company's details (if in	voice is needed) :					
Date :						
Sign:						