

INFORMATION:

TO SEND THE REPORT

NAME or COMPANY		V.A.T. N°:	
ADDRESS COMPLETE			
CONTACT PERSON		TELEPHONE	
e-MAIL:			

FOR INVOICING AND PAYMENT (if it differs from the previous one)

NAME or COMPANY		V.A.T. N°:	
ADDRESS COMPLETE			
e-MAIL			

NOTE: *Minimum quantity for organoleptic assessment 500 mL presented in only one use container*

Check corresponding regulation of the desired determination.
Send the filled form together with the sample to the address stated at the bottom of the page

The Laboratory undertakes to:

- Maintain confidentiality and not disclose, disseminate, publish or use the data provided by the client or generated during the analysis.
- Act always in the form of not endangering impartiality, independence and objectivity, neither of the laboratory itself nor of the client.

N° OF SAMPLES	SAMPLES CODES	ANALYSIS TYPE	
		PRIVATE <input type="checkbox"/>	CONTRADICTORY <input type="checkbox"/>

DETERMINATIONS:

check

ORGANOLEPTIC ASSESSMENT	<i>EEC 2568/91 ANNEX XII Regulation, rev. in force</i>	<input type="checkbox"/>
	<i>IOC /T20/Doc 15/ Standar, rev. in force</i>	<input type="checkbox"/>

REPORT TYPE:	ENGLISH <input type="checkbox"/>	SPANISH <input type="checkbox"/>	OPTIONAL LABELLING <input type="checkbox"/>
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REMARKS: (specify any additional information required about organoleptic assessment)

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In _____ at _____ . Stamp/ signature	
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Address for sending the samples: