|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  | Contact person |  |
| Address |  | Email |  |
| Order Name |  | Phone |  |

Sample details:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date taken |  | | No. Samples |  | Operator |  |
| Sample description | |  | | | | |

**CHEMISTRY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sample name  (label bottles the same) | Lab code |  |  |  |  |  |
| Time taken |  |  |  |  |  |

Testing required: (Please tick)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Test \ Lab Code** |  |  |  |  |  |
| Oil Acidity |  |  |  |  |  |
| Delta K |  |  |  |  |  |
| Determination of Density |  |  |  |  |  |
| Determination of Optical Rotation |  |  |  |  |  |
| Peroxide number |  |  |  |  |  |
| Determination of melting point |  |  |  |  |  |
| Profile of Fatty acids |  |  |  |  |  |
| Essential Oil profiles |  |  |  |  |  |

Additional notes:

Form filled by:

Date of compilation: