

ENVIRONMENT

PLEASE TEXT!

Client's name and billing address*	Reference*
	Telephone*
	E-mail (the report is e-mailed to this address)*
	Corporate/personal number*
Report sent to (if different from the billing address)	
Workplace, address*	Workplace/order number
Sampling date*	Other information

No	Marking* (i.e. Kitchen, Bathroom)	Sample/material* (i.e. carpet, tape)	Analysis of the presence of*				
			Asbestos	PAH	PCBs	Mold	Other

Desired response time*

Calculated from date of receiving and intends working days. Note that dust/tape samples will not be answered on 3 hours.

Asbestos:	Super-IL - 3 h <input type="checkbox"/>	IL - 24 h <input type="checkbox"/>	Prio - 3 days <input type="checkbox"/>	Normal - 5-10 days <input type="checkbox"/>
PAH:		IL - 24 h <input type="checkbox"/>	Prio - 2 days <input type="checkbox"/>	Normal - 4 days <input type="checkbox"/>
PCBs, mold, other:		IL - 2 days <input type="checkbox"/>	Prio - 4 days <input type="checkbox"/>	Normal - 10 days <input type="checkbox"/>

Sample submitted by*	Date of submission
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Laboratory notes

Samples received by	Notes	Date	Order number
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