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| Date of arrival: |
| Researcher / equipment: |

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| **This form is for air samples coming for asbestos analysis (ASB)** |

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| **Customer fills in:** | |
| **Customer and company name:** | **Site address and/or project number:** |
| **E-invoice address and operator ID / e-mail address:** | **Name of the sampler:** |
| **The desired time for the results:** | **Sampling date:** |
| **Delivery of results, e-mail and phone number:**  □ results also by SMS message | **Laboratory fills in (further information):** |

□ An order for an Asbestos Air Analysis Report according to **Health-related Conditions of Housing and Other Residential Buildings** (545/2015).

(The space/room can be determined to be suitable for living according to asbestos air regulations. This report is **not meant** for measurements done after asbestos renovations Vna 798/2015.)

**Customer fills in:**

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| **Sample ID / number** | **Space / room** | **Sample volume** | **Sampling time in minutes** | **Diameter of the filter** | **Laboratory  fills in:** |
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| **Sample ID / number** | **Space / room** | **Sample volume** | **Sampling time in minutes** | **Diameter of the filter** | **Laboratory  fills in:** |
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