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| Date and place of arrival:  Recipient’s signature: |

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| **This form is for air samples related to the following analyses:**  **VC** (VOC-analyses), **AH** (PAH-analyses, **CA** (chloroanisoles), **FO** (formaldehyde)  **Sampling devices, pumps or tubes may not be given to a third party.** |

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| **CUSTOMER INFORMATION: (Customer fills in:) SITE INFORMATION:** | |
| **Customer and company name:**  **Customer’s address:** | **Site address and/or project number:** |
| **E-invoice address and operator ID / e-mail address:** | **Name of the sampler:** |
| **Delivery of results, e-mail and phone number:** | **Sampling date:** |
| **Sampling location information**  **(*e.g.* apartment building, 3rd floor, 3 rooms, 88m2, YEAR OF CONSTRUCTION):** | |
| **Ventilation:**  natural ventilation mechanical ventilation, exhaust only  mechanical ventilation | |
| **Building type:**  **Residential (home, school, day-care etc.)**  **Office**  **Other** | |
| **Additional information:** | |

**TABLE FOR SAMPLE INFORMATION OVERLEAF**

**Customer fills in:**

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| **Sample ID / number** | **Analyses**  **(VC, AH, CA, FO)** | **Site information (room, detailed place and height of sampling)** | **Tenax tube number**  **(VC and CA analyses)** | **Pump ID** | **Sampling time**  **start finish**  **(or pump counter reading value)** | | **Laboratory fills in** |
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