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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 ventilationmechanical 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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