

**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*	Sample/material*	Analysis of the presence of*				
			Asbestos	PAH	PCBs	Mold	Other

**Desired response time\***

(Calculated from date of receiving and intends working days.)

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

Sample submitted by*	Date of submission
----------------------	--------------------

**Laboratory notes**

Samples received by	Notes	Date	Order number
---------------------	-------	------	--------------