***Demande d’analyse du :***

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| --- | --- |
| laboratoire |  |
| demandeur |  |
| téléphone |  |
| mail |  |

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| Appareil demandé | Av300  | Av400 | Av500 |
|  |  |  |

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| **Cadre réservé CCRMN** |
| Temps passeur jour |  |
| Temps passeur nuit |  |
| Temps passeur week-end |  |
| Tracé / interprétation |  |

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| --- | --- | --- | --- | --- | --- |
|  Réf produit |  Solvant | Masse de produit |  Type d’analyse |  Formule | Temps d’analyse par tube |
| 1H | 13C | … | … |
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 Si le nombre de scans n’est pas précisé, il est laissé à la libre appréciation de l’opérateur.