***Demande d’analyse du :***

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| |  |  | | --- | --- | | laboratoire |  | | demandeur |  | | téléphone |  | | mail |  |  |  |  |  |  | | --- | --- | --- | --- | | Appareil demandé | Av300 | Av400 | Av500 | |  |  |  | | |  |  | | --- | --- | | **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 |
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Si le nombre de scans n’est pas précisé, il est laissé à la libre appréciation de l’opérateur.