**SPECIAL RETURN – EMERGENCY READING REQUESTED**

Please provide us with the following information upon returning your dosimeter for an emergency reading:

|  |  |
| --- | --- |
| YOUR CUSTOMER NO: |  |
| YOUR CONTACT NAME: |  |
| YOUR CONTACT TEL NO: |  |
| YOUR CONTACT EMAIL: | @ |
| PARTICIPANT ID(S): |  |
| REASON FOR REQUESTING AN EMERGENCY READING:  |  |

Please add this document in your return shipment