

DENTAL UNIT WATERLINE TEST SUBMISSION FORM

888-843-3343 • www.proedgedental.com

OFFICE NAME: _____

ADDRESS: _____ PHONE NUMBER: _____

_____ FAX: _____

CONTACT PERSON: _____ COMPLIANCE OFFICER EMAIL(s) _____

OTHER EMAIL(s): _____ SAMPLING DATE _____

DUWL Treatment (Select **TABLET**, **STRAW** or **OTHER**):

A. TABLET: BluTab ICX Citrisil Citrisil Blue

How long since last shock treatment?: ____ Days or Never Shocked

Shock Product Used:

Sterilex Mint-A-Kleen Citrisil Shock Bleach Other: _____

B. STRAW: Dentapure Sterisil Straw Install Date: _____ Shock Before Install? Yes No

C. OTHER WATER TREATMENT: _____

D. WE DON'T HAVE WATER BOTTLES

SOURCE WATER (we fill our water bottles from):

City Water Faucet (sink name or #): _____ Bottled Distilled

Filter, Distiller, or RO Unit (brand): _____ Other (e.g. delivered): _____

For Lab Use Only	Sample	Location (Circle One)	Room/ Chair/ Operator #	Device Or Source Water (Circle One)	Other Information
	#1	Room / Chair / Operator	#____	A/W Syringe / Handpiece / Scaler / Source Water	
	#2	Room / Chair / Operator	#____	A/W Syringe / Handpiece / Scaler / Source Water	
	#3	Room / Chair / Operator	#____	A/W Syringe / Handpiece / Scaler / Source Water	
	#4	Room / Chair / Operator	#____	A/W Syringe / Handpiece / Scaler / Source Water	
	#5	Room / Chair / Operator	#____	A/W Syringe / Handpiece / Scaler / Source Water	
	#6	Room / Chair / Operator	#____	A/W Syringe / Handpiece / Scaler / Source Water	
	#7	Room / Chair / Operator	#____	A/W Syringe / Handpiece / Scaler / Source Water	
	#8	Room / Chair / Operator	#____	A/W Syringe / Handpiece / Scaler / Source Water	
	#9	Room / Chair / Operator	#____	A/W Syringe / Handpiece / Scaler / Source Water	
	#10	Room / Chair / Operator	#____	A/W Syringe / Handpiece / Scaler / Source Water	
	#11	Room / Chair / Operator	#____	A/W Syringe / Handpiece / Scaler / Source Water	
	#12	Room / Chair / Operator	#____	A/W Syringe / Handpiece / Scaler / Source Water	
	#13	Room / Chair / Operator	#____	A/W Syringe / Handpiece / Scaler / Source Water	
	#14	Room / Chair / Operator	#____	A/W Syringe / Handpiece / Scaler / Source Water	
	#15	Room / Chair / Operator	#____	A/W Syringe / Handpiece / Scaler / Source Water	
	#16	Room / Chair / Operator	#____	A/W Syringe / Handpiece / Scaler / Source Water	

DO NOT INCLUDE MORE THAN 16 VIALS IN EACH SHIPMENT.

The CDC's guideline for bacteria in water used as a coolant/irrigant for non-surgical dental procedures should be as low as reasonably achievable, and, at a minimum, less than 500 CFU/mL.

Please ship samples on the day they are taken Monday - Thursday and follow overnight shipping instructions.