

**FILL OUT THIS FORM COMPLETELY FOR EVERY TEST TO ENSURE YOUR SAMPLES CAN BE PROCESSED. KEEP A COPY FOR YOUR RECORDS.**

### Practice Information:

New Customer  Returning Customer

Practice Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Practice Address: \_\_\_\_\_ Contact Title/Position: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Contact Email: \_\_\_\_\_

> Test results will be sent to this email

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Compliance Officer Email: \_\_\_\_\_

> Test results will be CCed to this email

### Waterline Treatment Protocol Information (Select All That Apply):

#### A. TREATMENT PRODUCT(S) USED:

- BluTab  ICX  
 Citrisil/Citrisil Blue  DentaPure Straw/Cartridge  
 Sterisil Straw  Other: \_\_\_\_\_

Install Date: \_\_\_\_\_

Shock Prior to Install:  Yes  No

#### B. SHOCK PRODUCT(S) USED:

- Bleach  Citrisil Shock  
 Sterilix Ultra  
 Other: \_\_\_\_\_

Date of Last Shock: \_\_\_\_\_

Never Shocked:

#### C. OTHER TREATMENT SYSTEMS:

- Sterisil System  O-So Pure  
 Vista System  
 Other: \_\_\_\_\_

#### D. USING WATER BOTTLES:

- Yes  
 No

#### E. SOURCE WATER (We fill our water bottles from...):

- City Water/Tap  Other (e.g. Delivered): \_\_\_\_\_  
 Bottle Distilled  In-Office Filter, Distiller or R/O Unit (Brand: \_\_\_\_\_)

### Test Sampling Information:

Sampling Date: \_\_\_\_\_

> Do not sample on Fridays or before a holiday. Ship same day as sampled.

#### FOLLOW CLOSELY TO ENSURE ACCURATE TEST RESULTS

- > Fill out this form completely every time you test.
- > Do not sample or ship on Fridays or the day before a holiday.
- > Ship samples on the same day they are taken.
- > Do not include more than 16 vials in each shipment.

FOR LAB USE ONLY ProEdge Sample #	Vial Number	Location (Circle One)	Room/Chair/Operator #	Device or Source Water (Circle One)	Notes or Other Information
	1	Room   Chair   Operator		AW Syringe   Handpiece   Scaler   Source Water	
	2	Room   Chair   Operator		AW Syringe   Handpiece   Scaler   Source Water	
	3	Room   Chair   Operator		AW Syringe   Handpiece   Scaler   Source Water	
	4	Room   Chair   Operator		AW Syringe   Handpiece   Scaler   Source Water	
	5	Room   Chair   Operator		AW Syringe   Handpiece   Scaler   Source Water	
	6	Room   Chair   Operator		AW Syringe   Handpiece   Scaler   Source Water	
	7	Room   Chair   Operator		AW Syringe   Handpiece   Scaler   Source Water	
	8	Room   Chair   Operator		AW Syringe   Handpiece   Scaler   Source Water	
	9	Room   Chair   Operator		AW Syringe   Handpiece   Scaler   Source Water	
	10	Room   Chair   Operator		AW Syringe   Handpiece   Scaler   Source Water	
	11	Room   Chair   Operator		AW Syringe   Handpiece   Scaler   Source Water	
	12	Room   Chair   Operator		AW Syringe   Handpiece   Scaler   Source Water	
	13	Room   Chair   Operator		AW Syringe   Handpiece   Scaler   Source Water	
	14	Room   Chair   Operator		AW Syringe   Handpiece   Scaler   Source Water	
	15	Room   Chair   Operator		AW Syringe   Handpiece   Scaler   Source Water	
	16	Room   Chair   Operator		AW Syringe   Handpiece   Scaler   Source Water	

The guidelines outlined by the Center for Disease Control (CDC) 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  $\leq 500$  CFU/mL. Your practice's water samples will be tested against this CDC standard for dental water safety.

DUWL/TSF03

## Questions?

Call us today at 888.843.3343