

# WATER TEST SUBMISSION FORM

**FILL OUT FORM COMPLETELY EVERY TEST | IN-COMPLETE FORMS CAN IMPACT RESULTS**

## STEP 1: Practice Information

Practice Name: \_\_\_\_\_  
 Practice Address: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Practice Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
 Contact Title/Position: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_  
 Compliance Officer Email: \_\_\_\_\_

## STEP 2: Waterline Maintenance Information

Using Water Bottles?  Yes  No

Source Water:  Municipal/Tap Water  Bottled Spring  Bottled Distilled  Filter, Distiller, or R/O Unit  
 Please specify: \_\_\_\_\_

Shock Used:  N/A  Diluted Bleach Solution  Liquid Ultra (Pink Stuff)  Citrisil Shock  Mint-A-Kleen  
 Other: \_\_\_\_\_ **Last Shock Date:** \_\_\_\_\_

Treatment Used:  N/A

Tablets:  BluTab  ICX  Citrisil  Other: \_\_\_\_\_

Straws:  BluTube  Sterisil V2  DentaPure  Other: \_\_\_\_\_ **Install Date:** \_\_\_\_\_

Central Systems:  VistaClear  Sterisil G4  Sterisil G5  Other: \_\_\_\_\_

## STEP 3: Test Sample Information **Sample Date:** \_\_\_\_\_

For Lab Use Only	Vial Number	Operatory Name/#	(Circle One) Device Name, Pooled/Combined, or Source Water	Optional
	1		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water	Dr. Side   Asst. Side
	2		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water	Dr. Side   Asst. Side
	3		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water	Dr. Side   Asst. Side
	4		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water	Dr. Side   Asst. Side
	5		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water	Dr. Side   Asst. Side
	6		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water	Dr. Side   Asst. Side
	7		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water	Dr. Side   Asst. Side
	8		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water	Dr. Side   Asst. Side
	9		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water	Dr. Side   Asst. Side
	10		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water	Dr. Side   Asst. Side
	11		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water	Dr. Side   Asst. Side
	12		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water	Dr. Side   Asst. Side
	13		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water	Dr. Side   Asst. Side
	14		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water	Dr. Side   Asst. Side
	15		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water	Dr. Side   Asst. Side
	16		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water	Dr. Side   Asst. Side

R2A  
 FLO



# WATER TEST INSTRUCTIONS FOR USE

EVERYTHING IN THE KIT IS IMPORTANT! BE SURE TO READ INSTRUCTIONS CAREFULLY

## What's In The Kit:



FedEx Clinical Pak  
w/ Prepaid Overnight  
Shipping Label



Insulated Silver Mailer



Nylon Pouch



Sample Vials



Ice Pack

## STEP 1: Prep

Place your ice pack in the freezer until completely frozen.

Then fill out the "practice information" and "waterline maintenance information" sections of the submission form.



STEP 1: Practice Information	
Practice Name:	Cor
Practice Address:	Cor
City, State & Zip:	Cor
Practice Number:	Cor

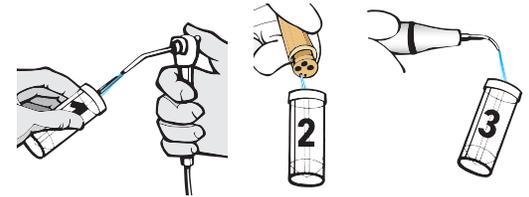
STEP 2: Waterline Maintenance Information	
Utility Water Source:	<input type="checkbox"/> Well <input type="checkbox"/> Other
Source Water:	<input type="checkbox"/> Municipal/Tap Water <input type="checkbox"/> Bottled Spring <input type="checkbox"/> Bottled
Shock Used:	<input type="checkbox"/> N/A <input type="checkbox"/> Chlorine Bleach Solution <input type="checkbox"/> Liquid Ultra Pure <input type="checkbox"/> Other
Treatment Used:	<input type="checkbox"/> N/A
Isolate:	<input type="checkbox"/> In-line <input type="checkbox"/> In-Ceiling <input type="checkbox"/> Other
Stores:	<input type="checkbox"/> In-line <input type="checkbox"/> In-Ceiling <input type="checkbox"/> In-Wall <input type="checkbox"/> Other
Control System:	<input type="checkbox"/> In-line <input type="checkbox"/> In-Ceiling <input type="checkbox"/> In-Wall <input type="checkbox"/> Other

## STEP 2: Sample

Using aseptic technique, fill the sample vials 3/4 full and close the cap tightly. Note: It's always a good idea to sample your source water occasionally and after a failed test.

Then match the number on the vial with the corresponding vial number row on the submission form.

List the operatory name/#, circle device, pooled sample, or source water for each vial, and (if applicable) note whether it is Dr. Side or Asst. Side.



## STEP 3: Package

Place the frozen ice pack and all of the water samples in the nylon pouch.

Place the nylon pouch and the submission form in the insulated silver mailer.

Lastly, place the mailer into the FedEx Clinical Pak. Remove the adhesive backing and tightly seal it.

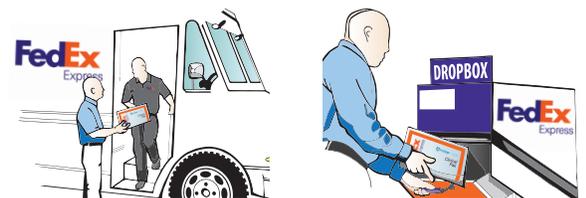
Your **overnight shipping label is already** on your Clinical Pak.



## STEP 4: Ship

Now you're ready to ship, you can:

- Call 1-800-GO-FEDEX or visit FedEx.com to schedule a FedEx pickup at your office.
- Deliver to a FedEx drop box by 3:00pm or to any FedEx shipping location, including Walgreens.



## Important Shipping Information:

- Ship the same day you take water samples.
- Ship samples Monday–Thursday. DO NOT ship on Fridays or before a holiday.